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EDITED BY

DR. HENNIS GREEN AND DR. STREETEN.

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# PROVINCIAL MEDICAL & SURGICAL JOURNAL.

No. 1. Vol. I.]

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## THE PROVINCIAL SCHOOLS OF MEDICINE.

SESSION 1841-2.

THE Provincial Schools of Medicine are ten in number, viz.—the Newcastle-on-Tyne, Bristol, Manchester, Liverpool, Leeds, Sheffield, York, Birmingham, Hull, and Nottingham schools. It is not our intention to dwell on the peculiar advantages which these institutions present as schools of medical education; to this subject we shall recur on a future occasion, our more immediate object being to furnish a record of the several schools which now exist throughout the provinces of England.

For many years, an unjust spirit of monopoly on the part of the College of Surgeons in London, contributed to limit the usefulness of provincial schools. The council of the college obstinately refused to recognise attendance on the surgical practice of any hospitals except those of London, Edinburgh, Dublin, Glasgow, and Aberdeen. This monopoly has been abolished; the provincial schools are now placed in exactly the same position as those of the metropolis; the student may complete his education in the country without attending a single lecture in London, or paying a single shilling to a metropolitan hospital; the council of the college have at length consented to recognise, as the phrase runs, all provincial hospitals which contain 100 patients, and have a surgical staff composed of members of one of the legally constituted colleges of surgeons in the United Kingdom. We cannot dwell too particularly upon this point, because an impression seems still to linger on the minds of many, that the College of Surgeons requires a portion of the time devoted to medical education, to be spent in London. No regulation of this kind now exists; the student may complete his medical education at Bristol, Liverpool, Manchester, &c., where he commenced it, and will be admitted for examination at the College of Surgeons, University of London, or Apothecaries' Hall, on presenting certificates obtained from his provincial teachers alone.

On comparing the curricula and financial regulations of the provincial schools with those of London, we find one or two points which are worthy of notice. The courses of study are, to a certain extent, necessarily the same in all, because

they are regulated by the requirements of examining boards in the metropolis; but in several instances, the directors of the provincial schools have evinced a praiseworthy desire of improvement, by instituting courses of lectures that are not rendered imperative by the London regulations.

At the Newcastle-on-Tyne school, for example, we have courses on mathematics, natural philosophy, geology, and practical chemistry; at Leeds, a distinct course is given on operative surgery, and the students have access to the eye and ear infirmary; at Manchester, lectures are delivered on general pathology, by Mr. Stephens and Dr. Ainsworth; at Liverpool, Dr. Brett gives a distinct course on practical chemistry; and finally, at York, "the surgical pupils are allowed to dress the patients in their turn, without additional fee." This is an excellent regulation, and one which, sooner or later, must be adopted in the metropolitan hospitals. University College hospital is the only one wherein the office of "dresser" is not sold, and even there, the great majority of the pupils have no opportunity of practically learning the elements of surgical manipulation.

In point of economy, the provincial schools may be advantageously compared with those of the metropolis; at the principal London schools, the fees for anatomy and demonstrations vary from four to six guineas. In the country, the average is about five pounds. The perpetual ticket costs from 50*l.* to 57*l.*; at Leeds, York, or Newcastle, from 40*l.* to 42*l.* In the item of hospital practice, the difference is still more marked; at Newcastle, where the infirmary contains 160 beds, the medical and surgical practice for twelve months may be attended for five guineas; at St. Bartholomew's, St. Thomas's, or St. George's, the fee for the same period would be from 20*l.* to 26*l.* Such are a few of the points which have struck us, on looking over the different prospectuses issued by the London and Provincial Schools of Medicine. We regret that we have not been able to furnish more information relative to the latter; our next account will, we trust, be in every particular complete.

NEWCASTLE-ON-TYNE SCHOOL  
Anatomy and Physiology, Mr. William Morrison  
and Dr. Embleton; daily at 8 A.M.  
One Session £4 4*s.*



Anatomical Demonstrations and Dissections, Mr. W. H. Fife; daily, except Saturday, at 3 P.M.  
One Session, £3 3s.

Principles and Practice of Physic, Dr. Charlton; daily, except Tuesdays, 4 P.M.  
One Session, £3 3s.

Materia Medica, Dr. Elliot; Monday, Tuesday, Thursday, and Saturday, 6 P.M.  
One Session, £3 3s.

Chemistry, Dr. Glover; Monday, Tuesday, Thursday, and Saturday, 7 P.M.  
One Session, £3 3s.

Surgery, Sir John Fife; Tuesday, Thursday, and Saturday, at 7 P.M.  
One Session, £3 3s.

Mathematics and Natural Philosophy, Mr. Snape; Monday, Wednesday, and Friday, 8 A.M.  
£3 3s.

Geology, Mr. King; Wednesday and Friday, 7 P.M.  
£1 11s. 6d.

#### SUMMER SESSION, May 1, 1842.

Botany, Mr. Thornhill; Monday, Wednesday, Thursday, and Friday, 9 A.M.  
One Session, £3 3s.

Medical Jurisprudence and Toxicology, Dr. Charlton and Dr. Glover; Monday, Wednesday, Thursday, and Friday, 10 A.M.  
One Session, £3 3s.

Midwifery, Mr. Dawson; daily, at 6 P.M.  
One Session, £3 3s.

Practical Chemistry, Dr. Glover; Tuesday, Thursday, and Saturday, 7 P.M.  
£3 3s.

Operative Surgery, Sir John Fife, Mr. Morrison, and Mr. W. H. Fife; free to the pupils.

#### HOSPITAL PRACTICE.

Medical and Surgical Practice, six months, £3 3s.; twelve months, £5 5s. The Newcastle Infirmary contains 160 beds, and clinical lectures are regularly delivered by the surgeons.

Perpetual ticket, qualifying for examination at the College of Surgeons and Apothecaries' Hall, 40 guineas.

#### MANCHESTER SCHOOL.

Anatomy, Physiology, and Pathology, Mr. Turner.

Demonstrations, Mr. Scott and Mr. W. Smith.

Practical Anatomy, Mr. Royle.

Practice of Physic, Dr. J. L. Bardsley.

Materia Medica, Dr. Newbold.

Surgery, Mr. Ransome.

Midwifery, Mr. Heath.

Chemistry, Mr. Davis.

Diseases of the Eye, Mr. Hunt.

General Pathology, Mr. Stephens and Dr. Ainsworth.

#### SUMMER SESSION.

Forensic Medicine, Dr. Black.

Botany, Mr. Just and Mr. Wood.

Neither the fees paid, nor the hours of attendance, are specified in the Manchester prospectus.

#### LEEDS SCHOOL.

Anatomy, Physiology, and Pathology, Mr. Teal, Mr. Garlick, and Mr. Nunnely; five days in the week, at 12.

First Session, £6 6s.

Second Session, £4 4s.  
(Perpetual).

Demonstrations, Mr. Price, Mr. Ikin, and Mr. S. Hey; Monday, Tuesday, Thursday, and Friday, 10 A.M.

First Session, £4 4s.

Second Session, £3 3s.

Surgery, Mr. William Hey; Tuesday and Thursday, at 7 P.M., Saturday, at 10 A.M.

First Session, £5 5s.

Second Session, £3 3s.

Materia Medica, Dr. Chadwick; every day, except Saturday, 4 P.M.

First Session, £5 5s.

Second Session, £3 3s.

Chemistry, Mr. Morley and Mr. West; every day, except Friday and Saturday, 8 P.M.

First Session, £4 4s.

Second Session, £3 3s.

Practice of Physic, Dr. Hunter; Monday, Tuesday, Wednesday, and Thursday, 5 P.M.

First Session, £5 5s.

Second Session, £3 3s.

Midwifery, Mr. Smith and Mr. Braithwaite; daily, at 7 A.M.

First Session, £3 3s.

Second Session, £2 2s.

#### SUMMER SESSION.

Botany, Mr. Wilkinson.

First Course, £2 12s. 6d.

Second Course, £1 11s. 6d.

Forensic Medicine, Dr. P. Smith.

First Course, £2 12s. 6d.

Second Course, £1 11s. 6d.

Perpetual to all the Courses, £42.

#### LIVERPOOL SCHOOL.

Anatomy, Physiology, and Pathology, Mr. Long; daily, at 8½ A.M.

One Course, £5 5s.

Demonstrations, Mr. Higginson; daily, except Saturday, 6 P.M.

One Course, £3 3s.

Chemistry, Dr. Brett; Tuesday and Thursday, 7 P.M., Saturday, 3 P.M.

One Course, £5 5s.

Materia Medica, Dr. Duncan; Monday, Wednesday, and Friday, 3 P.M.

One Course, £5 5s.

Materia Medica, Dr. Duncan; Monday, Wednesday, and Friday, 3 P.M.

£5 5s.

Practice of Medicine, Dr. Scott; Tuesday, Thursday, and Saturday, 4 P.M.

One Course, £4 4s.

Second Course, £2 2s.

Surgery, Mr. Banner; Monday, Wednesday, and Friday, 5 P.M.

One Course, £3 3s.

Second Course, £2 2s.

Midwifery, Dr. Malins; Monday, Wednesday, and Friday, 7 P.M.

One Course, £3 3s.  
Second Course, £2 2s.

SUMMER SESSION.

Botany, Dr. Dickenson; daily, at 8 A.M.  
£3 3s.

Midwifery, Mr. Batty; three days, weekly, 4 P.M.

One Course, £3 3s.  
Second Course, £2 2s.

Medical Jurisprudence, Dr. Duncan and Dr. Malins; daily, at 3 P.M.

£3 3s.

Practical Chemistry, Dr. Brett.  
£2 2s.

LIVERPOOL INFIRMARY.

Students are admitted to the Medical and Surgical Practice from 10 A.M. to 1 P.M. daily; fee, for 18 months, including Clinical Lectures on Medicine and Surgery, 20 guineas.

The Northern Hospital is also open for the admission of students; fee, for 12 months, 12 guineas.

YORK SCHOOL.

Anatomy, Physiology, and Pathology, Mr. Hopps; daily, at 3 P.M.

Entire Course, £6 6s.  
Perpetual, £10 10s.

Demonstrations, Mr. Crummack, four days, weekly, 9 A.M.

Entire Course, £4 4s.  
Perpetual, £7 7s.

Surgery, Mr. H. Russell; Monday, Wednesday, and Friday, 7 P.M.

Entire Course, £3 3s.  
Perpetual, £5 5s.

Practice of Physic, Dr. Simpson and Dr. Goldie; daily, except Saturday, 8 P.M.

Entire Course, £5 5s.  
Perpetual, £8 8s.

Materia Medica, Mr. Williams; Monday, Tuesday, Thursday, and Friday, 6 P.M.

Entire Course, £5 5s.  
Perpetual, £7 7s.

Chemistry, Mr. Barker; daily, except Saturday, 10½ A.M.

Entire Course, £5 5s.  
Perpetual, £7 7s.

SUMMER SESSION.

Midwifery, Mr. Allen and Mr. Anderson; daily, 8 A.M.

Entire Course, £3 3s.  
Perpetual, £5 5s.

Medical Jurisprudence, Dr. Belcome; Tuesday and Thursday, 10 A.M.

Entire Course, £2 12s. 6d.  
Perpetual, £4 4s. 0d.

Botany, Mr. Husband; daily, 7 P.M.

Entire Course, £2 12s. 6d.  
Perpetual, £4 4s. 0d.

Perpetual to all the Courses, £42.

YORK COUNTY HOSPITAL.

Physicians—Dr. Belcome and Dr. Simpson.  
Surgeons—Mr. Champney and Mr. Russell.

Medical Practice—

Eighteen Months, £12 12s.  
Perpetual, £15 15s.

Surgical Practice—

Twelve months £12 12s.  
Perpetual, £15 15s.

Perpetual to Medical and Surgical Practice, £26 5s.

Pupils are allowed to dress the patients in their turn, without any additional fee. The medical officers attend on Mondays and Thursdays, at 11 A.M.

OPHTHALMIC INSTITUTION.

Physician, Dr. Belcome; Surgeon, Mr. H. Russell.

One year, £2 2s.  
Perpetual, £3 3s.

Attendance, Tuesdays and Saturdays at 12.

SHEFFIELD SCHOOL.

Anatomy and Physiology—Mr. Gregory, Mr. W. Jackson, and Dr. Harwood; daily, at 12.

One Course, £4 4s.  
Two Courses, £6 6s.

Demonstrations—Mr. Thompson and Mr. Martin; daily at 9 A.M.

One Course, £3 3s.  
Two Courses, £4 4s.

Surgery, Mr. Thomas; daily, at 6 P.M.

One Course, £2 2s.  
Two Courses, £5 5s.

Practice of Physic, Dr. Thomson; daily, at 8 P.M.

One Course, £3 3s.  
Two Courses, £5 5s.

Materia Medica, Mr. Turton; Monday, Tuesday, Thursday, and Saturday, 7 P.M.

One Course, £3 3s.  
Two Courses, £5 5s.

Midwifery, Mr. Turton; Wednesday and Friday, 7 P.M.

One Course, £3 3s.  
With Cases, £5 5s.

Botany, Dr. Harwood and Mr. Bohler, in summer.

One Course, £1 11s. 6d.  
Two Courses, £2 12s. 6d.

Forensic Medicine, Mr. Palfreyman and Mr. W. Jackson, in summer.

One Course, £1 11s. 6d.  
Two Courses, £2 12s. 6d.

BRISTOL SCHOOL.

Anatomy and Physiology, Dr. Reily and Dr. Carpenter.

Chemistry, Mr. Herapath.

Practice of Physic, Dr. Symonds and Dr. Bernard.

Materia Medica, Dr. Bernard.

Descriptive Anatomy, Mr. Colthurst.

Surgery, Mr. Thomas Green.



Midwifery, Mr. Swayne and Mr. Hetling.  
Botany, Mr. Rootsey and Dr. Carpenter.  
Forensic Medicine, Mr. Fairbrother and Mr. Staples.

Chemical Toxicology, Mr. Herapath.

Not being favoured with a prospectus from the Bristol School, we have been compelled to borrow this meagre account from our advertising columns.

### BIRMINGHAM SCHOOL.

General and Surgical Anatomy, Mr. Sands Cox; daily, at 2 P.M.

One Session, £5 5s.  
Unlimited, £9 9s.

Descriptive Anatomy, Physiology, and Demonstrations, Mr. Parker and Mr. Bolton; daily, 8 A.M.

One Session, £3 3s.  
Unlimited, £6 6s.

Materia Medica, Mr. J. Johnstone and Mr. Knowles; Monday, Wednesday, Saturday, 3 P.M.

One Session, £4 4s.  
Unlimited, £6 6s.

Chemistry, Mr. Woolrich; daily, 12 A.M.

One Session, £4 4s.  
Unlimited, £6 6s.

Organic Chemistry, Dr. Percy.  
£2 2s.

Practice of Physic, Dr. Eccles; Tuesday, Thursday, and Friday, 4 P.M.

One Session, £4 4s.  
Unlimited, £7 7s.

Surgery, Mr. Sands Cox; Tuesday, Thursday, and Saturday, 6 P.M.

One Session, £3 3s.  
Unlimited, £5 5s.

Ophthalmic Surgery, Mr. Middlemore.

Midwifery, Dr. Ingleby and Mr. Berry; Monday, Tuesday, and Friday, 6 P.M.

One Session, £3 3s.  
Unlimited, £6 6s.

### SUMMER SESSION.

Forensic Medicine, Dr. Davis; daily, 8 A.M.

One Session, £3 3s.  
Unlimited, £4 4s.

Hygiene, Dr. Melson.

Botany, Mr. Knowles; daily, 4 P.M.

One Session, £3 3s.  
Unlimited, £4 4s.

Comparative Anatomy, Mr. Parker. Mathematics, Rev. W. M. Lawson. Natural Philosophy, Dr. Melson. Fee, for all the Courses, 40 guineas.

### QUEEN'S HOSPITAL.

Physicians, Dr. Davies, Dr. Percy, and Dr. Melson. Surgeons, Mr. Sands Cox, Mr. Knowles, and Mr. Parker.

#### Medical Practice.

Six months, £ 5 5s.  
Twelve months, £10 10s.  
Perpetual, £12 12s.

#### Surgical Practice.

Six months, £10 10s.  
Twelve months, £16 16s.  
Perpetual, £21 5s.

The medical officer attends daily at 8 A.M. in summer, and 9 A.M. in winter.

The following are the regulations respecting medical education, which have been issued by the College of Surgeons, Apothecaries' Hall, and University of London:—

### COLLEGE OF SURGEONS.

I. Candidates will be required, in addition to a Certificate of being not less than twenty-one years of age, to bring proof—

1. Of having been engaged in the acquirement of professional knowledge during a period of not less than four years, six months of which shall have been occupied in the study of Practical Pharmacy, six months by attendance on the Practice of Physic, and the remainder of the period on the Practice of Surgery, at a recognised Hospital or Hospitals in the United Kingdom;—three months being allowed for a vacation in each year.

2. Of having studied Anatomy and Physiology, by attendance on Lectures and Demonstrations, and by Dissections, during the three Anatomical Seasons or Sessions†;—and of having attended at least two Courses of Lectures on the Principles and Practice of Surgery, delivered in two distinct periods or seasons, each course comprising not less than 70 Lectures;—and one course of not fewer than 70 Lectures, on each of the following subjects, viz. the Practice of Physic—Chemistry—Materia Medica—and Midwifery, with Practical Instruction.

II. Members and Licentiates in Surgery of any legally constituted College of Surgeons in the United Kingdom, and Graduates in Surgery of any University requiring residence to obtain degrees, will be admitted for examination on producing their diploma, license, or degree, together with proofs of being twenty-one years of age, and of having been occupied at least four years in the acquirement of professional knowledge.

III. Graduates in Medicine of any legally constituted College or University requiring residence to obtain degrees will be admitted for examination on adducing, together with their diploma or degree, proof of having completed the anatomical and surgical education required by the foregoing Regulations.

IV. Certificates will not be recognised from any hospital, unless the surgeons thereto be members of one of the legally constituted Colleges of Surgeons in the United Kingdom; nor from any School of Medicine or Midwifery, unless the respective teachers be members of some legally constituted College of Physicians or Surgeons in the United Kingdom; nor from any School of Anatomy or Surgery in England, unless the respective teachers be members of some legally constituted College of Physicians or Surgeons in the United Kingdom, and have undergone a second or

\* By a resolution of the Council on the 7th of November, 1839, no Provincial Hospital will in future be recognised by this College which contains fewer than 100 patients, and no metropolitan hospital which contains fewer than 150 patients.

† An Anatomical Session is understood to extend from October to April inclusive, and to comprise at least 140 Lectures on Anatomy and Physiology, occupying not less than one hour each, given on separate days; and at least 100 Demonstrations of the like duration, given in a similar manner; exclusive of Dissections, of which distinct certificates are required.



special examination on those branches of science, according to the ordinances of this college relating thereto.

V. Certificates will not be received on more than one branch of science from one and the same lecturer; but Anatomy and Physiology—Demonstrations and Dissections—will be respectively considered as one branch of science.

N.B. In the certificates of attendance on hospital practice and on lectures, it is required that the dates of commencement and termination may be inserted in words at length.

Blank forms of the required certificates may be obtained on application to the secretary, to whom they must be delivered, properly filled up, ten days before the candidate can be admitted to examination; and all such certificates are retained at the College.

By order of the Council,

EDMUND BELFOUR, Sec.

August 20, 1839.

### SOCIETY OF APOTHECARIES,

April 23, 1835.

Every candidate for a certificate to practise as an apothecary will be required to produce testimonials—1. Of having served an apprenticeship of not less than five years to an Apothecary;—2. Of having attained the full age of 21 years;—3. And of good moral conduct. Students whose attendance on lectures shall commence on or after the 1st of October, 1835, will also be required to produce proof of having attended, during three winter and two summer sessions, lectures in the following order, and medical practice from the commencement of the second to the termination of the third winter session.

The Winter Medical Session is to be understood as commencing on the 1st of October, and terminating in the middle of April, with a recess of fourteen days at Christmas; the summer session as commencing on the 1st of May, and ending on the 31st of July.

*First Winter Session.*—Chemistry; Anatomy and Physiology; Anatomical Demonstrations; Materia Medica and Therapeutics.

*First Summer Session.*—Botany; and such other branches of study as may improve the student's general education.

*Second Winter Session.*—Anatomy and Physiology; Anatomical Demonstrations; Dissections; Principles and Practice of Medicine; Medical Practice of an Hospital.

*Second Summer Session.*—Botany, if not attended during the First Summer Session; Midwifery and Diseases of Women and Children; Forensic Medicine; Medical Practice of an Hospital.

*Third Winter Session.*—Dissections; Principles and Practice of Medicine; Midwifery, with attendance on cases; Medical Practice of an Hospital or Dispensary.

The student is required to attend the medical practice of a recognized hospital, from the commencement of the Second Winter to the termination of the Second Summer Session, and from time to time to the end of the Third Winter Session, at an hospital or recognized dispensary.

The sessional course of instruction in each respective subject of study is to consist of not less than the following number of lectures, viz.—100 on Chemistry; 100 on Materia Medica and Therapeutics; 100 on the Principles and Practice of Medicine; 60 on Midwifery and the Diseases of Women and Children; 50 on Forensic Medicine; 50 on Botany.

The number of lectures on anatomy and physiology, and of anatomical demonstrations, must be in conformity with the regulations of the Royal College of Surgeons of London on these subjects. The lectures required in each course respectively must be given on separate days. Students, when they present themselves for examination, must bring testimonials of having received instruction in practical chemistry during their attendance upon the lectures on chemistry, materia medica, or forensic medicine; and also of having attended a full course of clinical lectures, and such instruction in morbid anatomy as may be afforded them during their attendance at an hospital. Every student will be required to produce proof of having dissected the whole of the body, once at least.

### COURSE OF CLINICAL LECTURES

ON

#### SURGICAL DISEASES,

DELIVERED AT THE HOSPITAL OF LA CHARITE'.

BY PROFESSOR VELPEAU.

LECTURE XI.

#### PERMANENT CONTRACTION OF THE FINGERS.

GENTLEMEN,—Permanent flexion or contraction of the fingers depends on a great number of causes; it may arise from wounds, paralysis of the extensor muscles, ankylosis of the joints, tumors, shortening of the tendons, irregular cicatrices, &c. On the present occasion, however, I wish to direct your notice to that form which depends on contraction of the palmar fascia, or on the formation of fibrous bands extending from the palm of the hand to the fingers, and binding down the latter in their irregular position.

Before the remarks published in 1831, by Dupuytren, followed up by those of MM. Lemoine, Mandet, Vidal, Goyraud, &c., permanent contraction of the fingers had not been much noticed by surgeons. Boyer alludes to the affection under the name of *crispatura tendinum*; Sir Astley Cooper, also, speaks of permanent retraction of the fingers and toes, which he attributes to contraction of the sheaths of the tendons or of the palmar and plantar aponeuroses. Dupuytren has clearly shown that the tendons are seldom engaged in this affection, but he has not so evidently demonstrated that it depends on induration, or shortening of one or more bands of the palmar fascia.

The disease now under consideration is characterised by the formation of certain bands or chords, which are elevated beneath the skin, and extend along a considerable portion of the palmar surface

of the finger; these bands generally occupy the median line, and are attached usually to the first phalanx, but sometimes prolonged to the second or third. According to Dupuytren, this disease generally begins on the ring finger, and thence extends to the little finger; it increases gradually, without occasioning pain; the patient, at first, experiences a feeling of stiffness in the palm of the hand, and is unable to extend one or more fingers; the latter soon become contracted, and in extreme cases, the tip of the finger rests on the palm of the hand. On examination, the first thing which we notice is a chord extending along the palm and finger: if you attempt to straighten the finger, this chord becomes more tense, and it disappears when you flex the finger completely; it is rounded off in shape, and forms a kind of bridge or prominence at the metacarpal-phalangeal joint. The skin is wrinkled into arched folds, extending from the middle of the palm of the hand to the base of the finger. The disease, thus progressing, may attain its maximum degree of severity without causing any pain, or appearance of ankylosis; the joints are easily flexed, but cannot be extended by the most powerful efforts; Dupuytren has seen 150 pounds weight suspended on the bent finger, without producing any effect on it.

This retraction of the fingers is a very disagreeable affection; it prevents the patient from seizing any large body, and when he closes the fingers strongly, severe pain is felt. Persons labouring under permanent contraction of the fingers, are usually those who have made violent efforts with the palm of the hand, or been employed in occupations during which the palm and fingers are frequently pressed against hard bodies. Thus, it is met with amongst masons, ploughmen, watermen, coachmen, &c. Dupuytren mentions the case of a literary personage who was attacked in consequence of frequently using a round-handled office-seal for his letters.

What is the anatomical lesion which characterizes permanent contraction of the fingers? Upon this point there exists a variety of opinions. Some attribute it to thickening and contraction of the skin; others to spasm of the muscles; disease of the flexor tendons; inflammation and contraction of the sheaths of the tendons; some change in the joints and their lateral ligaments; finally, contraction of the palmar fascia. This latter idea was chiefly supported by Dupuytren and Sir Astley Cooper; the following case was the one which influenced Dupuytren's opinion:—An old man, who had been affected for many years with retraction of the fingers, died in the Hôtel-Dieu; Dupuytren examined the parts with great care; on removing the skin from the palm of the hand, it was found that the folds of integument completely disappeared; the palmar fascia was contracted and shortened, and several bands passed from its lower part to the sides of the deformed finger. On endeavouring to extend the fingers, Dupuytren perceived that the fascia and these bands were rendered more tense; he divided the bands, and effected, at once, complete extension of the contracted fingers; the tendons and their sheaths had not been touched; the joints likewise and bones were completely free from any appearance of alteration. From this case Dupuytren naturally concluded that the disease originated in abnormal tension of the palmar fascia, a tension

depending on contraction excited by the pressure of some hard substance on the palm of the hand. The case certainly shows that contraction of the fingers may sometimes depend on a change in the palmar fascia, but it does not prove that this is always the cause. The bands or hard chords which, as I have already mentioned to you, are seen projecting under the skin, extend to the palmar surface of the first phalanx, and sometimes to the second or third phalanx. Now we know that the palmar fascia terminates at the root of the finger, by becoming attached to the sheaths of the tendons and ligaments; besides, the fascia does not cover the ball of the thumb or extend to its root, yet we have permanent contraction of the thumb, with the subcutaneous chords already noticed. Having determined, by dissection, that the palmar fascia remained sometimes intact, after the removal of these chords, I announced, in 1833, that the prolongations mentioned by Dupuytren were not always formed by the palmar fascia; but that they seemed to me to depend on transformation of the subcutaneous cellular tissue into fibrous bands. M. Goyraud, surgeon to the Hôtel-Dieu of Aix, has proved the correctness of this opinion by his researches on permanent contraction of the finger, published in the third volume of the *Memoirs of the Royal Academy of Medicine*. In addition to a carefully performed dissection, M. Goyraud relates the following case, which confirms my view of the nature of this disease.

“M. Chaîne, steward of the hospital, presents a remarkable example of the permanent contraction of the fingers. The three last fingers of the right hand are flexed; of the left, the four last fingers are in the same condition. The left ring-finger is more flexed than the others; on the right side, the little finger is the one most contracted; the middle fingers are only semi-flexed. The contraction came on gradually, and without any pain. M. Chaîne is now 58 years of age; when at the age of 42, he first perceived that he was unable to extend the left ring-finger completely. The latter became gradually contracted, and the affection soon extended to the two neighbouring fingers. Shortly afterwards, the right little finger began to contract, and then the ring and middle fingers of the same hand. The first phalanges are now flexed at a right angle on the metacarpal bones, and the second phalanges at various angles on the first. On attempting to extend the fingers, it is evident that they are retained in the flexed position by a number of bands running from the palmar fascia to the middle part of the fingers.”

In this case, the disease consists in flexion of the first phalanx on the metacarpal bone, and of the second phalanx on the first; the joints of the third phalanges are completely free.

Hence, since contraction of the palmar fascia and its digital prolongations could only influence the first phalanx, it is evident that the contraction of the second phalanx must depend on some other cause. Even in the lectures of Dupuytren, we may find a proof of this. M. L. had contraction of the ring and little fingers of the left hand, which were completely flexed on the palm; the second phalanx was bent on the first, and the tip of the third applied to the ulnar edge of the palm; the little finger was constantly flexed on the palm of



the hand also. Mr. Dupuytren operated in the following manner:—He commenced by making a transverse incision, ten lines in length, opposite the metacarpo-phalangeal joint of the ring-finger; the knife divided first the skin, and then the palmar fascia. The ring-finger was now reduced nearly to its natural position.

Being desirous of sparing the pain of a second incision, Dupuytren endeavoured to prolong the incision of the palmar fascia, towards the ulnar edge of the hand, but could not succeed; he was therefore compelled to make a second transverse incision opposite the articulation between the first and second phalanx of the little finger, and thus separated its point from the palm, but the remainder of the finger was still immovable. A third incision divided the skin and fascia, opposite the metacarpo-phalangeal joint of the little finger; the benefit was very slight, and he was forced to make an incision opposite the middle of the last phalanx, when the finger at once became straight. Is it not clear, from this case, that other parts besides the palmar fascia were engaged in the disease? Do not we all know that the prolongations of this fascia are attached to the sides and not to the middle of the first phalanx?

From the facts which have been just mentioned, M. Goyraud concludes that permanent contraction of the fingers never depends on the palmar fascia; that we should avoid dividing this latter in any operation for the relief of the disease, and that Dupuytren, probably, divided the subcutaneous bands developed in the cellular tissue, and not prolongations from the palmar aponeurosis.

This opinion seems to me to be too exclusive, and I agree with M. Sanson in thinking that permanent contraction of the fingers may depend on the palmar fascia, on the skin, or more frequently on transformation of the cellular tissue into fibrous bands.

The treatment of this affection is exclusively surgical; we can expect no benefit from any other means than division of the fibrous bands by which the finger is retained in the flexed position. Dupuytren made an assistant extend the fingers as far as possible, and then divided the most tense part of the band; if the finger could now be straightened completely, the operation was finished; if not, he made one or more incisions above or below the first one. When the fingers became free, he maintained them in the extended position by means of bandages and splints, for a month or six weeks; but as soon as the state of the wound permitted, he commenced movements of flexion and extension.

M. Goyraud operates in a different way: he makes his incision along the side of the band, and in the same direction with it, and then divides the band in various places, or excises a portion of it. This method has many advantages over that of Dupuytren; the patient runs less risk of inflammation extending along the sheaths of the tendons, or palm of the hand; it allows us to commence moving the fingers at an earlier period, and leaves a much smaller cicatrix. When we have restored the finger to its natural position by means of operation, we are not to think that the patient is free from the danger of relapse. Considerable care must be bestowed on the after-treatment; the joints must be frequently moved; discutient lotions, &c. applied, and the patient must

be particularly cautioned against using any hard bodies, or employing himself in any occupation by which the palm of the hand may be irritated.

## CASE OF EVERSION OF THE UTERUS.

By ROBERT STORRS, Esq. Surgeon, Doncaster.

Mrs. LOWTHER. *at*. twenty-two, a stout, good looking woman, of lymphatic temperament, was delivered, after a tedious labour, of her first child, on the morning of the 6th of November, 1839. The labour was natural, and the placenta came away without any difficulty, about a quarter of an hour after the birth of the child. As is my usual practice, I made pressure with the hand over the region of the uterus, and felt it distinctly. There was considerable hæmorrhage after the birth of the placenta, and much more pain than is usual after a first child. On my second visit that evening, I observed her to be more pale than I expected, with rather a quiet and weak pulse, which I attributed to the more than ordinary discharge she had had. She had considerable pain at intervals, like the after pains of persons having had several children.

During the following day, the 7th, the discharge of blood continued, and very little urine was evacuated, perhaps about half a pint; I did not see it, however; I was only told by her mother that she had but a small quantity. During the early part of the morning of the 8th the pains increased, and became much like labour pains, until about four o'clock A.M., when she said something had come away from her. I did not receive any message for some hours afterwards, (about half-past eight,) when I was requested to go in immediately. The mother told me she had had much pain, which had abated since a substance had appeared externally. I requested to be allowed to examine, and found the uterus everted, about the size and shape of a large India-rubber bottle, lying out of the os externum. Its surface was becoming a dark red, and its fundus cold. She was in a state of extreme exhaustion; pulse about 150, very feeble; countenance pale, and the bed-clothes saturated with bloody and serous discharge. I immediately introduced the uterus into the vagina; I then sent for Dr. Scholfield, who remained with me after he arrived, until the uterus was quite reduced to its natural situation. The urine, previous to attempting further reduction, was evacuated by the catheter, and the rectum emptied by an enema; the bladder was very full.

The means I took to return the uterus from its inverted state in the vagina to its natural position, were, in the first place, by introducing my hand doubled against the fundus, and forcing it gently as high up as possible, and then gradually pushing up the centre of the inverted fundus, by raising my first and second fingers out of their closed position.

I think (but I did not look at my watch at the time) that it was more than an hour before I could distinctly feel the fundus pass beyond what appeared to be the neck of the uterus; after this, however, I speedily introduced my hand into its proper cavity, and withdrawing it very gently, kept my two fingers at the neck of the uterus, until I found it contract upon them so firmly as to preclude the probability of the uterus again descending. Half



an hour more, at least, was required to attain this. In accomplishing the reduction, I found I could have more power by kneeling in front of my patient, and introducing my hand from the front instead of from behind, as in an ordinary case of labour. She was very much exhausted during the period of reduction, and required both brandy and sal volatile frequently.

After the reduction, her symptoms were those following excessive flooding, combined with those of constitutional irritation. Her pulse was 160 for some days, and a severe diarrhoea came on, which was very difficult to control. She only required the urine to be drawn off by the catheter about twice afterwards.

The subsequent treatment I need not detail; it consisted in controlling the diarrhoea and the rapidity of the pulse; in relieving pain, and in supporting the strength. About eight weeks afterwards she went to Hull, and about a fortnight ago I saw her tripping along the street quite well, never having felt any effects from her misfortune since the time she left her bed.

### PARALYSIS FROM LEAD.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—Dr. Oke's paper on paralysis from lead, in your last number, recalls to my recollection some well-marked cases of the same kind, which occurred in this neighbourhood some years ago. A clergyman residing with his family at his rectory, had frequent and often severe attacks of gastrodynia, sometimes with all the painful symptoms of colica pictorum, though he was no cider drinker, and therefore could not have taken lead in the way Sir George Baker so ingeniously supposed might be done, when a leaden pound or cistern was not used, "from shot in the apples when the boys had gone into the orchards shooting blackbirds." However, his attacks were frequently relieved, but as frequently returned; his wife and children were also affected, though in a less degree; in process of time, his wrists became as weak as those of a man working with lead, but the cause was a mystery; being preferred to another living, his successor, about a year after his arrival, became similarly affected, and then the lead pump was suspected, the water was analysed, and found to contain lead in solution, and the lower side of the spout of the pump was actually eroded, from the long-continued action of the water on it; the pump was now removed, another well was sunk, at some little distance, and through different strata; before putting down the pump, this fresh water was tried as to its power of dissolving lead, but it would not; the pump has been long in use, and as the parson says, they have had no more "bellyaches."

Now, gentlemen, it is very easy to account for lead being held in solution by the water of some springs and not of others; when exposed to the action of the air, from which they derive oxygen, carbonic acid and a carbonate of lead are formed; some springs, however, will not dissolve lead in this way, on account of the salts which their water contains, and may therefore be safely drank from lead cisterns; the Edinburgh water is an instance

of this, and by referring to the excellent treatise on poisons by Dr. Christison, you will find that this protective influence of neutral salts is so accurately investigated, that the 1-30,000th part of phosphate of soda, or hydriodate of potass in solution, will prevent the corrosion of lead. Now, the water in my friend's new well *does* contain a little soda; whether the old one did not, I cannot say, the well being filled in.

Your obedient servant,  
W. COLLYNS.

Kenton, near Exeter, Sept. 21, 1841.

### ON DYSMENORRHOEA.

BY JONATHAN TOOGOOD, ESQ.

SENIOR SURGEON TO THE BRIDGEWATER INFIRMARY.

THE attention of the Provincial Association was directed some time since to dysmenorrhœa, a disease of very common occurrence and intractable nature; and at the same time it was stated that the application of the ointment of veratrine to the sacrum had been found very successful in relieving the pain. In my hands this remedy has failed entirely, nor have I ever found any mode of treatment which could be depended on. The same plan which sometimes succeeds in one case, totally fails in another, although there is no apparent difference in the symptoms or constitution of the patients, nor will the means which relieve at one period, be always effectual at another.

I have repeatedly tried warm-bath, antispasmodics, opium internally administered and locally applied, purgatives followed by chalybeates, local bleeding, and all the usual remedies. Cupping over the sacrum has generally been more successful than any other remedy, yet it is one which cannot always be resorted to. In some instances, the ammoniated tincture of guaiacum has afforded effectual relief, and so does frequently the common domestic remedy, gin. But none of these, as far as my experience has gone, can be safely depended on. The disease is a very distressing one, affecting a very interesting class of patients who have the strongest claims on our sympathy, and is generally followed by a very weakening discharge, varying in character, difficult to cure, and extremely harassing to the sufferer. Amongst the numerous members of our association, there may be some who have been fortunate in their treatment of these painful and obstinate complaints, and the object of this paper is to endeavour to obtain from them the result of their experience.

Bridge water, Sept. 20, 1841.

### ON COMPRESSION OF THE TESTICLE IN EPIDIDYMITIS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—I will feel obliged by your favouring me with a space in your Journal for a few remarks on the effects of compression of the testis in acute epididymitis, as first practised by Fricke of Hamburg—it is now generally used on the Continent, and is, I am aware, well known in this

country from the publicity given to it by our journals; but, as far as I can ascertain, has been very rarely followed—there being a strong prejudice against it, and many objections made, which I hope to show are unfounded in fact, and trust that I may be able in some measure to remove them by the present communication. Being convinced, by the frequent opportunities I have had of practising this mode of treatment, of its great efficacy, and the benefits to be derived from it, having been kindly permitted by the surgeons of the Institution to make trial of the plan as cases offered, I am induced to lay the results before your readers, hoping to gain a more extensive adoption of it, and likewise to convince them that no ill effects need be dreaded, provided ordinary caution be used and proper care taken in the application. Indeed, I can confidently pledge myself that it will be found a most effective and safe plan of treatment for this very painful complaint. Not having had an opportunity of seeing a case treated in this manner before I practised it myself, I was sceptical as well as anxious about the result, and therefore preferred using it first in a case in which the acuteness of the inflammation had been removed by appropriate treatment. The success was so decided, and so far beyond my expectations, that every doubt of its safety and efficiency as a remedy for this disease were at once removed. I had no hesitation afterwards in using it in the earliest stage of the affection, and have now done so in many cases with perfect success; hence I can confidently speak as to its decided superiority over other plans of treatment, in the great relief afforded to the pain, the quickness of the cure, and the general comfort of the patient, who is not necessarily confined to the house by it. These advantages must be too obvious to the surgeon to require me to dilate on, for all practitioners are aware of the difficulties in the way of treating such diseases where secrecy is required, as it almost always is, but which is unnecessary when the complaint is treated by compression. Were this the only consideration, it is one of great importance in many respects; but what ought to weigh more with the surgeon, and certainly will with the patient, is the almost immediate relief from pain which is afforded by this mode of treatment.

For the assistance of those who have not yet paid attention to the subject, I will briefly state the manner of applying compression to the testis, and the cautions to be observed, as, by improper or indiscriminate use, a valuable remedy may be brought into disrepute. The surgeon, grasping the affected testis in his hand, separates it from the other, and makes the scrotum tense over it. A strap of adhesive plaster half an inch broad is then applied firmly round the chord, so as to confine the testis in the lower part of the scrotum; similar straps are then applied around to the lower part of the testis; others are placed at right angles with these, being carried from the back to the fore part, so as to embrace that portion which was left uncovered by the circular straps. I think an advantage, which I have not seen noticed by authors, is gained by carrying the ends of the plasters up to the groin, thus acting as a suspensor for the testis. The straps should be applied firmly, and will produce pain for a while, which need not cause any uneasiness to the surgeon, as it will soon cease, and is a sign that the compression is effectual. In a few

hours the swelling will have subsided so much that the plasters will be left like a shell; fresh ones must then be immediately applied in a similar manner: it is of great importance that this should not be neglected, otherwise the cure will be delayed, and the sufferings of the patient increased by the occurrence of reaction. Should the pain continue long after the compression is applied, it will be necessary to remove the plasters, as it is likely to be injurious; but this will be found to be very rarely necessary, and I have never yet found it so. The patient may be with safety allowed to follow his ordinary occupation if he desires it. Should there be much febrile disturbance, it will be necessary to resort to antiphlogistic treatment; and some authors recommend that the compression should not be commenced until the acuteness of the inflammation is subdued by the usual treatment, which will not cause more perhaps than twenty-four hours' delay. I have never seen it required, and have not hesitated to use compression in the earliest stages without previous treatment, and I think it is of great importance to do this if it can be borne, as the suffering saved to the patient is great; but in this the surgeon will be guided by his own discretion. Twenty-four hours are frequently sufficient for the cure, and generally very few days.

When the chord is implicated in the inflammation, it will not be proper to use the straps, as they cannot be applied so as to exert equal compression; nor when there is effusion into the tunica vaginalis, as pressure cannot be exerted on the epididymis until the fluid is evacuated, when compression may be applied with advantage.

It often occurs that chronic enlargement and induration of the epididymis continue for weeks after acute inflammation treated in the usual way, and requiring mercurials, &c. for its dispersion; but it will be found that such is not the case when the disease is cured by compression, which is itself a most effectual agent in removing this induration when it exists as a consequence of previous acute inflammation.

**CASE I.**—John Terry, æt. 26, admitted Feb. 18, 1841, under the care of Mr. Baird, with acute epididymitis and gonorrhœa. The antiphlogistic treatment, with leeching, cold lotions, &c. to the testis, was used until the more acute stage of the inflammation was subdued. On the 26th the testis was somewhat reduced in size, but continued very painful and hard; he was put on a mercurial treatment, and on March 3rd his gums were affected. The pain or pressure was diminished, but the testis was not much reduced in size. The adhesive straps were now applied after Fricke's manner.

March 4th.—Has been quite free from pain since yesterday; the testis is diminished one-third; no pain on handling the part; the compression was continued, and on the 10th he was cured.

This is the first case in which I tried compression, which I was induced to request Mr. Baird's permission to do, on observing the slow progress made by the patient; and had less hesitation about it, from the acute inflammation having been subdued by the previous treatment.

**CASE II.**—John Blakey, æt. 19, admitted June 17, 1841, under Mr. Heath, with acute inflammation of the testis, which he attributes to a blow received a few days ago; has no gonorrhœa; the testis is greatly enlarged and very painful; he is scarcely able to move about; compression applied;



the next day he felt quite well, but some swelling remained; compression continued. On the 3rd day he was discharged cured.

CASE III.—Charles Anderson, æt. 17, admitted August 10th, under Sir J. Fife, with acute epididymitis and gonorrhœa. Compression immediately applied, and continued for six days, when he was discharged cured.

CASE IV.—John Welch, æt. 26, admitted under Mr. Greenhow, with epididymitis of four days duration. The straps were applied in the usual way, and he felt so much relief that he desired to go home again, promising to return the next day; he did not however return for three days, when I found him cured.

I might adduce several other instances, but these will be sufficient to show the efficiency of the remedy, and convince the profession that it is worthy of a trial.

I remain, Gentlemen, your humble servant,  
A. J. TAYLOR,

House Surgeon, Newcastle Infirmary.  
*Sept. 25, 1841.*

## PROVINCIAL

## MEDICAL & SURGICAL JOURNAL.

SATURDAY, OCTOBER 2, 1841.

THE experience of the period which has just expired, constituting the first year of our labours, has fully confirmed the anticipations which we were induced to form, that a work similar to the Provincial Medical and Surgical Journal was called for as a medium for the expression of the opinions of provincial practitioners. In the conducting of this Journal, we have kept two leading objects in view, the one to advance the interests of the entire medical profession without devoting exclusive attention to, or passing over with neglect, those of any portion of its members; the other, to afford every facility for recording the progress of medical science, and making known practical improvements in the management of disease. Although decided advocates for obtaining for the medical profession such an organization, founded on liberal principles, as shall guarantee to its members protection for their interests, and secure to them an efficient government and a voice in its councils, the pages of this Journal have on all occasions been open to those whose sentiments on many points have differed from our own. In the discussion of these subjects, although we have not allowed ourselves to be forced into the approval of ill-digested or speculative systems of reform, we have never hesitated to point out those abuses which require correction, and to advocate such

changes in the constitution of existing institutions, corporate and collegiate, as appeared to us fitted to promote the welfare and enhance the efficiency of all classes of the profession.

In reference to the more purely literary and practical departments, it is not necessary to say much. Perhaps the best evidence which we can adduce of the estimation in which the information conveyed through the medium of the Provincial Journal is held, is to be found in the frequent use—sometimes, we regret to say, without acknowledgment—made of it by other periodical publications. We should, however, be wanting to our numerous contributors, did we hesitate to claim for their many valuable communications that consideration to which they are so justly entitled. One of the more immediate objects which we had in view, we could indeed wish to see more attended to; we allude to the system of hospital reporting. It is hoped that the present volume will show that the example so well set by the officers of several of our provincial infirmaries, and in particular by those of the Newcastle and Berkshire County Hospitals, will be not without effect. No better mode of communicating sound practical information exists, than by the detail of cases of disease, whether medical or surgical, as they are observed in the wards of a well-conducted hospital. The progress of the cases can be closely watched, the effect of remedies duly appreciated, and the counteracting influence of errors in diet and regimen guarded against, so that the features of the disease, whatever it may be, and the indications for treatment, stand out, as it were, in a stronger light than in private practice, where the opportunities for observation are less favourable, and where due control can rarely be exercised to the same degree. There is thus an individuality and character about a well-observed and well-reported case of disease occurring in an hospital or infirmary, which at once impresses itself on the mind. The practical facts established by it are strongly marked, and readily retained in the memory, while the lighter shades of similar morbid actions which may subsequently present themselves to notice, are more readily recognised, and more clearly made out by the diligent observer of the signs of disease.

We are fully aware of the many important calls upon their time, to which the greater number of hospital physicians and surgeons are subject; but when we look at what has been effected by those who are thus occupied, we cannot hold others excused for neglecting to render these noble institutions more effective in the diffusion of the information which they are constantly affording. Most of these institutions possess the



advantages of a resident officer or house-surgeon, and are attended also by pupils who are quite capable of relieving the responsible officer of the labour of noting down the daily variations of the cases. In revising these notes, and putting them in a shape for publication, the medical officers would themselves derive all the advantages of a close review of their practice in the cases of disease presented for treatment—advantages which those who are really studious of what passes before them will well know how to estimate. The habit of revising from time to time the results of previous observation, and the effects of treatment, is one of the most important which a medical practitioner can form. Observation to a certain extent he is compelled to exercise, but the comparing and reflecting upon the knowledge thus at different times acquired, are mental processes, which, while they sift the chaff from the wheat, and separate the essential from the accidental, exercise a strong influence in the improvement of the general powers of the mind itself. Future observations become more precise, definite, and accurate; the comparison of these embraces more extensive particulars, and the generalizations derived from them are based upon more comprehensive grounds. The first step in the study of natural objects is surmounted; the observer no longer contents himself with detecting similitudes; he is no longer satisfied with giving a name to the disease which presents itself to his notice. It is not simply a fever or an inflammation, which he feels himself called upon to guide to a safe termination. He now proceeds to appreciate points of distinction; his observations become differential; he sees the resemblance, indeed, at a glance, but he investigates the points of difference. He is no longer content with prescribing for the name of the disease—with saying bark is good for an ague, digitalis for a dropsy, colchicum for gout; but seeks to discriminate the special form of affection, to appreciate the effects of modifying causes, external or internal, on the progress of the case, and to derive indications for the administration of those remedial agents, by which he hopes to succeed in the cure or relief of the patient.

Now, all this may be accomplished better in an infirmary or hospital than elsewhere, because the opportunities for observation are greater, and less liable to be interfered with by disturbing circumstances, and because the subsequent mental operations of comparing and reflecting are thereby, to a corresponding degree, facilitated and simplified. Surely, then, it is a duty which the officers of such institutions owe, as well to themselves as to their professional brethren and the community, to make the best use of the advantages with which they are,

by their situation, endowed, and to communicate to others the results of their practical experience under these circumstances.

Many plans have been devised to facilitate the recording and the drawing up of reports of practice. One of them, that recommended by Dr. Cowan, and published in the ninth volume of the Transactions of the Association, seems well fitted for the purpose, and possesses the additional advantage of being already in the hands of every member of the association. We hope to see the suggestions there made followed out, and the plan of reporting adopted generally in public medical institutions. It wants only a sufficiently extensive trial to render its advantages manifest to all; and with respect to the labour and trouble required, we are assured, that when once fairly started, the means of carrying out the plan will not be wanting—ce n'est que le premier pas qui coûte. Let but the attempt be made; the value of the information collected, and the benefit individually experienced by those who take it up, will ensure its steady continuance.

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*The Prescriber's Pharmacopœia: containing all the Medicines in the London Pharmacopœia, arranged in Classes according to their Action with their Composition and Doses. By a PRACTISING PHYSICIAN. London, 1841. Small 18mo. pp. 126.*

THE utility of this book is in the inverse ratio of its size—sufficient commendation for a tome which will easily fit in a waistcoat pocket of most moderate dimensions. Armed herewith, the practitioner, most completely deficient in powers of memory, may approach the bed-side with no misgivings as to his power of hitting upon the fittest medicine of any given class for his prescription; here, in truth, the various agents referable to each, are carefully collected, and judiciously arranged for immediate reference. The composition of each official preparation is given, the usual modes of administration, and the dose stated, and a list of incompatibles added. What better employment for the short-memoried (to speak Germanicè) physician, as he rolls along to his places of rendezvous, than to brighten his acquaintance with drugs simple and compound, by reading such well-condensed enunciations of all important particulars connected with each, as that we extract relating to opium?

OPIUM (and MORPHIA.) *Papaver Somniferum.*  
 The concrete juice of the unripe capsules.)  
*Dose and Form.* Pill, powder, lozenge, electuary, gr.  
 $\frac{1}{4}$ -v-x.

1. PILULÆ SAPONIS COMPOSITÆ.

*Comp.* 1 opium, 4 soap.

*Dose.* Gr. iss-iiss-x (gr. v=opii gr. j.)

2. *PILULÆ STYRACIS COMPOSITÆ.*

*Comp.* 1 opium, 1 saffron, 3 storax.

*Dose.* Gr. iss-iiss-x (gr. v=opii gr. j.)

3. *EXTRACTUM OPII PURIFICATUM.* (Watery extract :  $\frac{1}{3}$  or  $\frac{1}{4}$ th more active than opium.)

*Dose.* Gr.  $\frac{1}{4}$ -iv.

4. *TINCTURA OPII.* (Laudanum.)

*Comp.* Opium  $\zeta$ ijj, proof spir. Oij. (m℥ xix=gr. j.)

*Dose.* m℥ v- $\zeta$ j.

5. *VINUM OPII.* (Sydenham's liquid laudanum.)

*Comp.* Purified extract of opium  $\zeta$ iiss, cinnamon  $\zeta$ iiss, cloves  $\zeta$ iiss, sherry Oij.

*Dose.* m℥ v- $\zeta$ j, (about the same strength as tinct. opii, but more agreeable to taste.)

6. *CONFECTIO OPII.*

*Comp.* 3 opium, 4 long pepper, 8 ginger, 12 caraway, 1 tragacanth, syrup q. s. (36 grs=opii gr. j.)

*Dose.* Gr. x- $\zeta$ j.

7. *ENEMA OPII.*

*Comp.* Decoct. amyli  $\zeta$ iv, tinct. opii m℥ xxx.

8. *LINIMENTUM OPII.*

*Comp.* 1 soap liniment, 1 tinct. opii ( $\zeta$ ss=opii gr. ij.)

9. *TINCTURA CAMPHORÆ COMPOSITÆ.* (See CAMPHOR.)

*Comp.* Camphor, opium, benzoic acid, &c.

*Dose.*  $\zeta$ ss- $\zeta$ ss ( $\zeta$ j=opii gr. ij nearly.)

10. *PULVIS IPECACUANHÆ COMPOSITUS.* (DIAPHORETICS.)

*Comp.* 1 opium, 1 ipecac., 8 sulph. potassæ.

*Dose.* Gr. v- $\zeta$ j (gr. x=opii gr. j.)

11. *PILULÆ IPECACUANHÆ COMPOSITÆ.* (DIAPHORETICS.)

*Comp.* 3 pulv. ipec. c., 1 squills, 1 ammoniac.

*Dose.* Gr. v-x (gr. v=gr.  $\frac{1}{3}$  opium.)

12. *PULVIS KINO COMPOSITUS.* (ASTRINGENTS.) (One gr. of opium in  $\zeta$ j.)

13. *PULVIS CRETÆ COMPOSITUS CUM OPIO.* (ANTACIDS.) (One gr. of opium in  $\zeta$ j.)

14. *ACETAS MORPHIÆ.*

*Dose.* Gr.  $\frac{1}{4}$ -ss-j.

*Incomp.* Mineral acids, alkalis.

15. *HYDROCHLORAS MORPHIÆ.* (Muriate of morphia.)

*Dose.* Gr.  $\frac{1}{4}$ -ss-j.

[*Morphia* itself is little used from its insolubility.]

[NOTE.—a. *Liquor Opii Sedativus.* Battley's sedative.

*Comp.* Said to be a solution of the watery extract.

*Dose.* m℥j-xx.

b. *Acetum Opii.* (Ed. Dub.) substitute for *black drop.*

*Comp.* Opium  $\zeta$ iv, distilled vinegar  $\zeta$ xvj.

*Dose.* m℥j-xx.]

The design of this little work is admirable, and the execution is not inferior to the conception: no practitioner, especially of the youthful class, should be without it.

## ACADEMY OF SCIENCES.

(Paris, September 23.)

M. MALGAIGNE ON PSEUDO-STRANGULATION, OR SIMPLE INFLAMMATION OF HERNIA. —Strangulation is said to exist whenever a hernia cannot be reduced, and when pain, constipation, vomiting, and hiccup, are present. Should these symptoms progress rapidly, the strangulation is called inflammatory; if slowly, the strangulation is said to be from obstruction (*par engorgement*). In either case, an operation is judged indispensable,

so soon as the symptoms have acquired a certain degree of intensity. Boyer says, that we should operate if the symptoms continue to increase; and in old or weakly subjects, he advises us to operate within the first three or four days.

Here we may ask, did Boyer reflect on the true danger of the operation, when he laid down such rules? Assuredly he did, but, with Pott, he thought "that the operation for strangulated hernia presented, of itself, no danger." In order to determine how far this opinion was founded on fact, I have noted all the operations performed during a period of five years (1836-41) in all the Parisian hospitals, and I find that in 183 cases there occurred no less than 114 deaths. Again, in old people, (from 50 to 80,) on whom Boyer would have us operate so promptly, I find that 70 out of 97 died. Obstruction, Boyer informs us, is produced by a collection of hardened feces in the hernial tumor, and this frequently occurs in old hernia. But we may ask, is this latter a fact? For my own part, I may say, that I have examined more than 3,000 cases of hernia, without observing the circumstance on which Boyer insists. At Bicêtre, I have examined two of the most voluminous herniæ on record, one tumor measured 10 $\frac{1}{4}$  inches in height, and 22 inches in circumference; the other, 8 inches in height, by 23 $\frac{1}{2}$  in circumference; but in neither was there any trace of fecal matter. Besides, we can have hard or fecal matter in the large intestine alone, and the presence of the latter in a hernial sac is not one-twentieth as frequent as that of the small intestine. Hence, in 95 out of 100 cases, this obstruction, such as it is described in books, is materially impossible; it can only occur when the hernia is formed by the large intestine. As regards the latter case, I can affirm that I have never seen such accumulation of fecal matter in any autopsy that I have made, and having consulted authors, I find but a single example in which this collection had really taken place.

The cause, then, of this species of strangulation is imaginary; so, I regret to say, are the symptoms which we find detailed in surgical writings. I have myself been misled by the doctrines laid down. I once operated on a case of supposed strangulated hernia from obstruction; there was no obstruction, no strangulation, and my patient died. Similar errors of this kind have been committed by Pott, Dupuytren, and Sir A. Cooper; and were all the cases published, we should have a long list of them. But is there any way of avoiding such errors? It seems to me, that some few rules of a simple nature may be established.

1. There is simple, non-inflammatory strangulation, which produces gangrene in a few hours.

2. We have simple inflammation, which is of frequent occurrence, and generally limited to the serous lining of the hernia.

3. Finally, inflammation of the whole mass of the tumor; this latter circumstance, however, is generally a consequence of one of the former conditions, and may be excited by the stricture, or by frequent attempts to effect reduction.

Obstruction of the intestine is a mere creation of the fancy; it is inflammation of the serous lining of the hernial tumor which has been mistaken for it. This peritonitis is one of the most frequent complications of hernia, and surgeons have probably overlooked it from not having sufficiently



studied hernial tumors in their simple state. It may exist under the forms of adhesive or suppurative inflammation; the adhesive is often slight, and indicated by passing colic, or even by symptoms of indigestion, which sometimes go so far as vomiting and hiccup; the tumor is now irreducible, and the taxis will only aggravate all the symptoms; but rest in the horizontal position, and cold topical applications, will often suffice to effect reduction; in more severe cases it may require several days or weeks before the inflammation is sufficiently reduced to allow of the return of the intestine. When hernial tumors, in this state, are reduced, nothing generally remains, except some thickening and irregularity of surface at the lower part of the sac; should the tumor not be reduced, then adhesions take place.

The suppurative inflammation is infinitely more rare, and can scarcely be discovered, except after operation or death of the patient. How are we to distinguish this inflammation of the peritoneal membrane from true strangulation, and what should our practice be? The following are the results of my experience on these points.

1. In no case of old and voluminous hernia, where bandages have not been employed, or have been left off for a considerable time, do we find real strangulation; the openings are much larger than the neck of the hernial tumor, and strangulation cannot occur. This is the result of all my observations on the living and dead body.

2. In cases of simple epiplocele, inflammation of the peritoneal membrane is what is commonly taken for strangulation; I say *commonly*, for I would not deny that strangulation may occur; I have never seen a case, nor have I found an authentic one in surgical works.

3. Hence, in the two cases just mentioned, the operation is contra-indicated; the taxis may be tried at the origin or decline of the inflammation, and the treatment should be purely antiphlogistic.

COMPOSITION OF THE ATMOSPHERE.—MM. Dumas and Boussingault, having procured some air from one of the highest mountains of Switzerland, found that 10,000 parts contained 2.297 of oxygen. Some air, collected on the same day, at Paris, contained 2.304 in 10,000.

## ACADEMY OF MEDICINE.

(September 21.)

SUDDEN DEATH FROM INDIGESTION.—M. Capuron read a report on a case forwarded by M. Lassere. In a case of presentation of the arm, a midwife had torn off the limb, when the medical man arrived and terminated the labour by turning. The patient was nearly well, when she allowed herself to be persuaded to eat a hearty meal of beans and ill-baked bread. Within two hours after the meal she was dead.

## ROYAL BERKSHIRE HOSPITAL.

(Practice of Mr. F. A. BULLEY.)

### ULCERATION OF THE CARTILAGES OF THE KNEE-JOINT—AMPUTATION.

William Green, æt. 23, admitted April 20. He stated that he had suffered from a weakness of the

knee-joint for four or five months prior to admission, which had been gradually increasing until last week, when the joint had become considerably swelled, and he found himself unable to put the limb to the ground without great pain. His general health had suffered in proportion; he became emaciated, and had night sweats, and other signs of commencing hectic fever. He had previously enjoyed very good health, never having been affected with scrofulous disease of any of the other joints or tissues, and had led a very temperate life. He did not recollect having struck or bruised it in any way. On examination, the knee-joint presented the following appearances of disease. It was slightly contracted, having become so during the preceding week. It was not greatly swelled, but it was extremely tender to the touch; and to the feel it was evident there was an increased quantity of synovia, or a purulent collection in the joint, which distended the capsular ligament, more especially on either side of the lig. patellæ, where the fluctuation was very distinct. Externally the joint did not appear to be inflamed. The muscles of the thigh and leg were wasted for want of use, making the knee-joint appear to be larger than it really was. He had very little rest at night.

Apply ten leeches to the knee, to be followed by a cataplasm of vinegar and bran. Hydriodate of potass, 24 grains; compound decoct. of bark, 12 oz.; three table spoonfuls twice a day.

22. No better; ten more leeches to be applied.

May 8. A visible improvement in his appearance and general health. Acute symptoms have subsided, but the joint continues distended, and is still tender to the touch. He has considerable pain at night, with great restlessness.

Carbonate of iron, ten grains; Dover's powder, five grains. A powder twice a day.

14. Not so much tenderness about the joint, which, however, continues enlarged.

Apply a blister.

22. Blister has not produced any diminution of the effused synovia. Decoction of bark with diluted nitric acid twice a day.

28. Three blisters have been applied without producing any absorption of the fluid. The joint was now encased in plasters, after the manner suggested by Mr. Scott.

Acetate of morphia, two grains; divide into four pills; one every night.

June 10. The strapping has had the effect of removing the fluctuating swelling of the joint, and he is able to walk 'about the ward without much pain. His general health had become in some measure improved, but he had, during the last week, been subject to a diarrhoea, which had thrown him back, and he was again obliged to take to his bed. Symptoms of inflammation, external to the joint, which had again become greatly enlarged, had also occurred, which made it painful for him to move the joint.

It would not be worth while to follow this case through its more minute details. It is sufficient to say, that an extensive abscess, at first apparently unconnected with the joint, formed around it, and was ultimately opened at that point which was most prominent, situated over the part of the ligament. patellæ. The incision gave vent to about a pint and a half of matter mixed with blood. At this time his health had become greatly im-



paired. Shortly afterwards hæmorrhage took place from the cyst, which weakened him very much. Subsequently he was seized with a fit of shivering in the night, and complained of great pain in the calf of the leg, the integument of which gave way, and about a pint of dark grumous blood was discharged. Afterwards frequent hæmorrhage took place on the slightest motion.

As I had reason to believe that the knee-joint was extensively implicated in the disease, I minutely examined it, and finding that on moving it in different directions the peculiar looseness and roughness indicative of the destroyed function of a joint were observable, and as I thought the patient would die from frequently recurring hæmorrhage, I determined, in consultation with my colleagues, to remove it.

July 23. Having ascertained that the patient had no thoracic or abdominal disease, I amputated the limb by a circular incision. He lost but a very small quantity of blood from the operation.

#### *Dissection of the amputated limb.*

The knee-joint was uniformly enlarged, and had a hardened feel, owing to a thickened state of the ligamentous tissues. No perceptible fluctuation in the joint. On the fore-part of the head of the tibia, just over the ligament. patellæ, was an ulcerated opening in the integument, filled up with spongy fungous granulations, the spot where the matter had been evacuated by incision. From this there was no immediate communication with the cavity of the joint, but a probe passed some way downwards, through the broken-down and almost putrid cellular tissue towards the inner side of the leg, where there were two other openings, the same which had been caused by spontaneous bursting, when the hæmorrhage occurred. On dissecting off the integuments, the cellular membrane underneath was in different states of disorganization, being simply reddened in some parts, while in others it had completely sloughed. Portions of coagulated blood were found in its substance, especially in the neighbourhood of the last-mentioned openings. There was also a large clot lying immediately in contact with the periosteum of the upper and inner part of the tibia, caused by the rupture of a largish vein, the opening in which was clearly distinguished. A little above this, on the inner side of the ligament. patellæ, was a valvular opening through the alar and capsular ligaments into the joint. It was this valvular fold in the ligaments which impeded the entrance of the probe into the joint from the incision. The appearance of the ulceration led me to think that it commenced in the joint, and that the pus had made its way outwards, and diffused itself into the cellular tissue about.

On removing the muscular and cellular tissue from the ham, a considerable quantity of greenish-coloured fœtid matter was found, which seemed to have escaped from the cavity of the joint, through a ragged ulcerated opening in the posterior ligament of Winslow.

The joint was partially filled with pus similar to that found in the popliteal space.

The capsular ligament was thickened, and (especially on the inside of the joint) converted into a tough and semicartilaginous substance. The ligament. patellæ and alar ligaments participated in some measure in this change of structure. The

synovial membrane reflected over these parts, was in a pulpy state. The synovial membrane was of a reddish colour, and softened, but was not distinctly ulcerated in any part, except in the situation of the opening before described, and on the inner surface of the patella, and corresponding portion of the inner condyle of the femur, where there were slight ulcerated fissures in the cartilage.

The cartilage on the *outer* condyle of the femur, and on the opposing portion of the head of the tibia, was not perceptibly thinned, and the semilunar cartilage on that side was entire. But the cartilage on the *inner* condyle of the femur seemed quite worn away as it were by attrition, leaving a surface of smooth bone. The internal semilunar cartilage had entirely disappeared, and the *inner* articular portion of the head of the tibia had lost its cartilage, exposing, like the corresponding portion of the femur, a surface of smooth bone. The crucial ligaments were entire, but of a reddish colour, and covered with flocculent lymph.

September 15.—The patient's health has been gradually improving since the operation, and the stump is now almost healed. There has been some tenderness and enlargement of the remaining portion of the bone, with a considerable discharge of pus from the face of the stump; but these symptoms of what would seem to be a tendency to a return of disease in the bone have now entirely disappeared, and he will, I hope, shortly be well enough to be discharged from the hospital.

It would be difficult to say exactly in what particular texture of the joint the morbid action in this case originated. It is probable, however, that it commenced in that peculiar passive thickening of the synovial membrane, so well described by Sir B. Brodie, which in its progress extends to the other tissues, and ultimately, sooner or later, terminates in the destruction of the joint. He considers it as analogous to some other morbid changes in other tissues of the body and in the viscera, observing, "I have already remarked, that this disease is peculiar to the synovial membranes, at least that I have never met with it in any other part of the body, but it belongs to the same order, with tubercles of the lungs, scirrhus of the breast, the medullary sarcoma or fungus hæmatodes of the testicle, and numerous other diseases, in which the natural structure of the affected organ is destroyed, and a new and different structure is added in its place. To these also it bears a near resemblance in its progress. Thus tubercles in the lungs in the first instance occupy the vesicular and interlobular substance, but ultimately they inflame and ulcerate, abscesses form in them, and then the pleura, the bronchia, and other contiguous parts become affected. Similar circumstances mark the progress of other maladies of the same description."

Of course, the true diagnosis of this morbid alteration in the synovial membrane of the joints, is in its commencement extremely difficult; but I have fancied I have been able to detect it in a few instances, at least there have been present some of the signs referable to this condition, and stiffness, and some slight swelling. In these cases I have used with advantage the tincture of iodine locally to the part, as suggested by Mr. Buchanan, and I have every reason to believe, from the effects I have observed resulting from its use, that it is, combined



with perfect rest, in this as in almost every other affection of the joints in their early stages, a very valuable remedy.

## CHILDREN'S HOSPITAL, PARIS.

### CASES FROM THE NOTE-BOOK OF

Dr. HENNIS GREEN.

#### ACUTE LARYNGITIS.—DEATH.

ALFRED CORSEUL, two and a half years of age, was admitted into hospital on the 13th of July, 1836. The father and mother of this child are healthy; the boy has commonly enjoyed good health himself; his face is fat; body well formed; eyes blue, hair light. The present attack dates about eight days; before that period he did not cough, but the parents remarked that his voice was hoarse. The disease commenced with sudden fits of suffocation, and the child suddenly lost his voice; he vomited once or twice on the 10th; in the month of June, 1835, he had a similar attack, which lasted ten days; 12 leeches were then applied to the chest, and a blister to the throat; the voice remained hoarse ever since, but no difficulty of breathing was observed to continue. During the first few days of the present attack, he was in a high state of fever.

15. The little patient is extremely agitated, throwing himself about in the bed, as if seeking for air to breathe; the face is of a natural colour, covered with moisture, but cool; general temperature also cool; he coughs very little; the sound is dull and not ringing; voice completely extinct; respiration deep, made with violent efforts of muscles of chest and shoulders, 26; he is so irritable, that he will not permit the pulse to be felt; has frequent fits of suffocation during the day, but in the intervals is quite calm, presenting nothing remarkable, but the deep hurried respiration; the sound of the chest, on percussion, is perfectly normal; auscultation is practised with great difficulty; nothing heard but a very loud sibilant râle.

17. The child lies gathered up in bed; respiration 36, made by a sudden and violent effort of the muscles; no cough; pulse small and full, 100; skin quite cool; face pale, without any expression of anxiety; when we listen to the respiratory sound, near the mouth, we hear a hoarse kind of râle, which seems seated in the top of the larynx: the accesses of suffocation are not so frequent; they now consist in several low hurried inspirations, with great difficulty in filling the chest, a low crowing sound in the throat, flushing of the face, and contortion of the countenance; the fit does not last beyond a few seconds; sound of chest on percussion normal; no râle; no pain in abdomen; when not attacked by the suffocative fits, the child sits up quietly, and eats a bit of bread or cake, without seeming to suffer any inconvenience; he drinks without difficulty.

18. The attacks of suffocation have been frequent, with low efforts at coughing; in other respects, no remarkable change; skin perfectly cool; pulse 96; in the intervals between the fits, the child runs about the ward, and appears to suffer little.

19. The patient is now lying on the right side in a sleepy state; this morning he has been alternately agitated and somnolent; there is no cough, but the fits of suffocation continue as before; respiration 36, made with violent efforts of ribs and shoulders; the air seems to take a long time to penetrate into the chest, and the muscles which pass from the os hyoides to the lower jaw are in violent action; face pale, skin quite cool; it is impossible to ascertain the number of pulsations at the wrist, for the least touch throws the child into a state of agitation; no convulsive movements of the muscles; no diarrhoea, or pain in the abdomen; no moans or cries.

20. Skin of extremities cold; violent attacks of suffocation, followed by great anxiety and agitation of the body; the child coughs more distinctly to-day, but the tone is completely muffled; respiration almost convulsive, deep and broken, 50; pulse not to be counted from agitation of the body; no convulsions; in the intervals between each access, the child lies quietly in bed. This state continued throughout the day; the difficulty of respiration became greater towards evening, and the child died at midnight, with little apparent struggle.

#### *Body examined thirty-four hours after death.*

Face pale; lips of a dark blue colour; upper and lower extremities remarkably rigid.

*Larynx.*—The larynx was first examined, but we regret to say that it was impossible to ascertain some important points, (such as exact dimensions of glottis, &c.) from the obstinacy of M. Jadelot, who cut out the larynx himself, without detaching the tongue and soft parts. On slitting up the larynx, the rima glottidis seemed extremely narrowed, and the interval between the chordæ vocales was filled up with a tenaceous, muco-purulent matter. Attached to the inferior chordæ at their free edge, and extending upwards about two lines, there was a small mass of vegetations, as if produced by thickening of the lining membrane; these project into the ventricle, and nearly fill it up; they are soft, much injected, give way easily under the point of the scalpel, and are covered with the muco-purulent matter already noticed. They are somewhat more prominent on the left side than on the right; for about an inch below this part the mucous membrane of the trachea is lined with muco-purulent secretion; on washing it away, the lining membrane is found injected, but not thickened; there is no trace of erosion, either here or at the edges of the glottis. The superior chordæ vocales and the epiglottis are free from any change; the thyro-arytenoidean ligament and neighbouring folds are free from any change or trace of inflammation; the lower part of the trachea is healthy; perhaps a little injected, but very slightly.

*Lungs.*—The external appearance of these organs is healthy; the right lung adheres to the side of the chest by a small band of organized lymph of old formation; the left lung likewise adheres to the chest, at its upper and posterior part; the substance of both lungs is perfectly healthy, and free from congestion; there are some small tubercles at the summit of the right lung, and some granulations underneath the lining serous membrane, at the inferior edge of the middle lobe; lining membrane of the bronchial tubes moderately injected, and covered with a quantity of reddish mucus;

bronchial glands slightly enlarged, but free from tubercular deposit. No effusion into the cavity of the chest.

*Heart*.—No effusion into the pericardium, which is healthy; the right auricle and ventricle are very flaccid; the left firmly contracted and dense; the cavities contain some coagula of dark blood; lining membrane of aorta and pulmonary artery near their origins, of an uniform dark tint; valves perfectly healthy.

*Abdomen*.—Stomach and intestines distended with gas; peritoneum free from inflammation; no effusion into the cavity; the great venous trunks are gorged with blood, which escapes in considerable quantity from both abdomen and chest, on removing the viscera. The lining membrane of the stomach is perfectly healthy; the upper part of the small intestines contains a grayish pasty matter; the middle portion contains a greenish fluid; the lower part is empty. Various patches of the glandulæ agminate and the isolated glands are considerably developed, forming gray patches and spots, which are visible through the walls of the intestine; there is no softening or injection around them. The upper part of the great intestine contains some yellow fæculent matter; the rest is empty; mesenteric glands normal.

The liver is soft; its vessels contain a good deal of fluid blood; the substance does not present any change; gall-bladder normal; contains a small quantity of green bile.

The spleen, also, is soft, but not congested; no tubercles in its substance.

Kidneys considerably congested; they do not contain any tubercles. Urinary bladder strongly contracted. The cranium was not opened.

#### REMARKS.

It is highly probable that the peculiarity of the symptoms in this case was mainly occasioned by the nature of the cause which gave rise to the laryngitis. Twelve months previously to the fatal attack, the child suffered under acute inflammation of the larynx; the disease subsided, but it is probable that it left behind it the state of the mucous lining of the chordæ vocales, discovered after death; the voice, it is said, remained hoarse ever since the first attack. According to the mother's account, the child was very feverish during the first few days of his illness, but when in hospital the skin was quite moist, the pulse not much accelerated, and there were few or no general symptoms indicating an inflammatory affection of any important organ. Indeed my impression is, that M. Jadelot thought very lightly of the case, and the treatment ordered by him was so very insignificant, that I did not note it down on paper. The state of the respiration, however, indicated some grave alteration of the respiratory apparatus, and the absence of stethoscopic signs in the chest, with the peculiar râle heard opposite the larynx, showed that the latter was the organ implicated in the disease. But was the affection inflammatory or spasmodic? did it bear any relation to croup, or was it rather allied

to that complaint which we call laryngismus stridulus? The fits of suffocation, with an imperfect attempt at crowing, would have led to the one idea; while the permanent disorder of respiration would, on the other, point to some organic lesion of the larynx. The nature of this lesion, however, was not and could not have been suspected until after death. The presence of the vegetations, by exciting spasmodic action of the laryngeal muscles, gave rise to those fits of suffocation under which the child laboured, and by their mechanical effect they occasioned a permanent obstacle to the free entrance of air into the chest.

It may be thought that the symptoms of this case indicated the propriety of laryngotomy; but it is evident that an artificial opening into the larynx would have been attended with very trifling benefit.

#### ADYNAMIC FEVER.

**CASE II.**—Marie Vermonteil, 12 years of age, was admitted into hospital on the 12th of March 1835. The child has been ill three weeks; for the first two days she complained of general uneasiness and pains about the body; febrile symptoms then suddenly set in; she became delirious, and soon completely unconscious. Leeches were applied behind the ears and to the abdomen, and some purgative medicine had been given.

13. The child cried a good deal during the night: she now lies on the back, without moving or speaking; the muscles of the right side of the face, from the eyelid to the angle of the mouth, are constantly convulsed with spasmodic twitches; eyes open; pupils normal; no dilatation, nor loss of vision; the jaws are firmly closed, but they can be partially opened and a portion of the tongue seen, which is dry; nostrils dry and dusty; the child utters low cries every now and then; there is no rigidity or contraction of the limbs; she keeps the arm elevated, but it then trembles; the sensibility is unaltered; pulse 90, feeble; a few lenticular spots (*taches roses*) on the abdomen, where the leech-bites are beginning to ulcerate; some bronchial souffle at both sides of the chest.

Lemonade; lavement. Sinapisms to the legs.

14. The face is slightly flushed; she cried during the night, but does not answer now; she shows the tongue, when told; it is beginning to clean; pupils natural; lies in a stupid state, and seems greatly prostrated; pulse small, 120; some subultus tendinum; no vomiting or nausea; abdomen retracted and free from pain; no evacuation; passed urine under her in bed; one of the leech-bites is converted into a large ulcer. Lemonade; decoction of mallows; purgative lavement.

15. The patient passed several stools after the lavement; she still seems indifferent to what passes round her; skin warm, pulse 120; the abdomen is now tumid, somewhat painful on pressure, and tympanitic; she coughs occasionally, but does not expectorate; sibilant and snoring râles heard on both sides of the chest; no bronchial respiration.

16. The state of prostration is very great; the child tries to answer when spoken to, but is unable to make herself understood; she utter low cries



every now and then; tongue foul, and very dark; the ulcerations on the abdomen have a bad appearance; no stool, except after lavement. An emollient enema.

18. The patient has cried less during the last two days; skin moderately warm; pulse small, 108; goes to stool without enema; the evacuations are not liquid; she shows the tongue well, and is less deaf; the aspect of the ulcers is improved.

19. No answers to any question; gives no sign of intelligence, except by putting out the tongue when asked; deglutition difficult; slight cough without expectoration; respiration not accelerated; the chest sounds well on percussion; the cellular tissue of the neck is becoming emphysematous.

20. Same state; emphysema considerably augmented.

22. No great improvement or change has taken place; she is less deaf, and now answers a few questions; tongue moist; has passed a few fluid stools; pulse 108; ulcers on abdomen healed; the emphysema persists.

24. Pulse very irregular; she now answers pretty well; no diarrhoea; the emphysema has extended considerably.

26. No diarrhoea; she now answers all questions distinctly; pulse 92; skin cool; ordered to have some nourishing soup.

30. Is excessively emaciated and weak; all the sores have healed; no deafness or headache; intellect quite clear; tongue moist and clean; no pain in abdomen; no diarrhoea; pulse 72. On the 1st of April she was allowed to leave her bed for the first time, and was discharged cured on the 1st of May.

## PROVINCIAL HOSPITALS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—In a late number of your journal, I observe some excellent remarks on provincial schools of medicine. As provincial hospitals are very properly connected with these schools, may I be permitted to direct your attention to their government and medical polity. My object in addressing you is chiefly for the purpose of eliciting your opinion, and the opinions of those who have devoted their attention to the subject of hospital attendance, relative to the best plan of providing medical and surgical attendance for county hospitals.

A county infirmary has been lately erected at Carlisle, which contains accommodation for fifty-two beds; and some difficulty has occurred in framing rules for the medical officers, and in making the medical appointments. Only twelve beds are yet fitted up, and the annual subscriptions at present are not adequate to the maintenance of a greater number. According to the rules that have been adopted by the governors, the number of medical officers is limited to four, viz. two physicians and two surgeons, and the following are the rules respecting their qualifications. "No one shall be eligible to the office of physician to the infirmary, unless he be a medical graduate of the University of Oxford, Cambridge, Edinburgh, Dublin, Glasgow, or London; nor shall any person be eligible who practises,

or is connected in partnership with any one who practises surgery, pharmacy, or midwifery. No person shall be eligible to the office of surgeon to the infirmary, unless he be a member of the College of Surgeons of London, Dublin, Edinburgh, or Glasgow." These rules, I believe, are similar to the rules of other provincial infirmaries. Out of seventeen medical gentlemen now resident in Carlisle, fifteen object to these rules, and decline offering themselves as candidates to fill the vacant offices, as you will find by the following memorial and address, which they have presented to the governors. The vacant offices are consequently not filled up.

[It is unnecessary to print the memorial and address in full; we, therefore, insert an abstract of them here. The memorialists urge, that it would be preferable to merge all distinctions of rank or mode of practice, and throw open the elections to all who are qualified to practise either medicine or surgery by the respective universities or colleges. They also think, that instead of limiting the number of medical officers to four, the interest of the institution would be better consulted by admitting the largest possible number of legally-qualified practitioners, of whom a certain number at a time might act in annual or half-yearly rotation. The same principles are more fully developed in an address to the governors of the infirmary, adopted at a meeting of the resident practitioners of Carlisle, held on September 20, 1841.

The memorial and address are signed by the following gentlemen:—William Jackson, M.D.; Thomas Elliot, surgeon; Richard James, M.D., &c.; James Marrs, surgeon; R. Atkinson, M.D., &c. &c.; Edward Bowman, surgeon; R. Oliver, Licentiate Royal College of Physicians, London; Peter Linton, surgeon; William Elliot, M.D.; Francis W. Kerr, surgeon; John Mortimer, surgeon; Joseph Cartmell, M.D.; John Hodgson, surgeon; William Dalton, M.D.; Wm. Nicholson, surgeon.—Eds.]

The plan of electing the largest possible number of legally-qualified practitioners, of whom a certain proportion at a time shall act in annual or half-yearly rotation, is, I think, perfectly new, and would not be desirable or advantageous to the institution. It is a very different plan, as far as I have been able to learn, from what is adopted in other county infirmaries, and just the reverse of what has been recommended by Dr. Clark and Dr. Walker, who have written on the subject.

"With regard to the number of physicians and surgeons," says Dr. Walker, "necessary to conduct the business of an infirmary, it seems to be conceded by the most competent judges, that the interest of hospital patients is best consulted by having no more medical attendants than are sufficient for the care of the complaints. Every supernumerary officer, by dividing, lessens the responsibility of the rest. In county infirmaries, too many medical officers are frequently appointed, from which cause the business becomes so much divided, as to afford a very limited field of experience. This applies peculiarly to the operative part of surgery, where dexterity, expertness, and skill are only to be acquired by almost constant practice.\*" Dr. Clark, who has expressed himself very decidedly upon this subject, considers

\* On the Rules and Regulations of English Hospitals. By J. K. Walker, M.D.—*Midland Medical Reporter*.

that in an infirmary, capable of accommodating, at one time, as many as 150 in-patients, two ordinary physicians and two surgeons are enough to transact the business; but he recommends, where the number of beds is so considerable, the appointment of a similar number of assistant medical officers, to supply the places of the ordinary physicians and surgeons, in cases of absence, death, or resignation.\*

In a table of provincial infirmaries, drawn up by Dr. Walker, and in some hospital reports now before me, I find that the following hospitals have each two physicians and two surgeons, viz. York, Lancaster, Gloucester, Chichester, Durham, Dumfries, Hereford, and Chester. The following have each three physicians and three surgeons, Hull, Liverpool, Leeds, Norfolk, Sheffield, Worcester, and Reading. Derby, Northampton, Huddersfield, and Stafford have each two physicians and three surgeons. The Glasgow and Lincoln infirmaries have each two physicians and four surgeons. The Bedford infirmary has one physician and two surgeons. You will observe that six medical graduates have signed the memorial and address. These gentlemen object particularly to the latter part of the rule, which relates to the qualification of physicians. They take general practice, and say it is extremely hard and very improper, that, on account of their being practitioners, they should be disqualified by the rule from being eligible to be physicians to the infirmary. One gentleman is a licentiate of the College of Physicians of London, and several of them, I understand, are licentiates of the College of Surgeons of Edinburgh. In order to conciliate these gentlemen, and render them all eligible to fill the offices of physicians and surgeons, the governors have altered the above rules, and have adopted the following: "That no person shall be eligible to the office of physician to the infirmary, unless he be a graduate of a British or Irish university, or licentiate of the College of Physicians of London. That no person shall be eligible to the office of surgeon to the infirmary, unless he be a member or licentiate of the College of Surgeons of London, Dublin, Edinburgh, or Glasgow." Although all the gentlemen who signed the memorial and address are now made eligible, not one of them, I am informed, will take office.

The subject of hospital attendance is of great importance, and not only deserves the attention of the editors of the Provincial Medical and Surgical Journal, but also the best consideration of the members of the association. I therefore hope you will insert this communication in your journal, and also take an early opportunity of favouring your readers with an editorial article on the subject. It would likewise be interesting and useful to many of your readers to be informed of the number of beds a provincial hospital must contain to be recognised by the examining boards in London, and if any, and what particular rules and regulations are required by these boards.

Yours, &c.,

CUMBRIENSIS.

Carlisle, September 24, 1841.

\* Collection of Papers. By J. Clark, M.D.

## HERNIA REDUCED BY ICE.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—As every contribution tending to diminish the necessity of operations in surgery I deem to be of importance, perhaps the following facts may be regarded of that nature; and although the practice referred to is well known, yet I doubt whether it be so frequently resorted to as may be desirable, before the last and often fatal practice be adopted,—I mean the operation for strangulated hernia.

Cases of hernia, we all know, are not frequent in private practice, and when they do occur, the surgeon soon gets anxious for the fate of his patient, and very desirous to ward off an operation, which, even in the most skilful hands, is a very serious and dangerous affair. It has unhappily fallen to my lot to see the operation performed, and the patient die within four hours after, and die most evidently from the operation itself, and not from the previous state of the intestine. It is therefore with very great pleasure I can state the complete success in two cases of the application of ice to the tumor. In one of the cases, a female had inguinal hernia of the right side; her symptoms were severe, she had vomiting, pain on pressure, and a good deal of general anxiety. The usual remedies were adopted, and as the symptoms were urgent, it was resolved to operate; but, at the suggestion of a brother practitioner, I had a bladder of ice kept for some hours over the tumor; the result was a quick relief from pain, and a very slight manipulation sufficed to return the intestine. In the other case, the patient was a strong seafaring man, who had suffered the usual symptoms of strangulated inguinal hernia for twenty-four hours before I saw him; after bleeding, I attempted reduction by the taxis, but was compelled to desist from the pain it produced. Ice was now applied, and in three hours afterwards the man reduced the tumor himself, without any difficulty. The immediate effect of this application in such cases is very satisfactory to the patient; the tension of the part is removed, and consequently the pain: then follows the diminution of bulk by the contraction produced, which again seems happily to end in the return of the intestine.

Should the foregoing statement lead surgeons to the more general trial of this remedy before proceeding to operate, I shall feel much satisfaction.

Your obedient servant,

EDWARD HUMPAGE.

Bristol, Sept. 27, 1841.

## GRATUITOUS SERVICES OF MEDICAL MEN.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—I send you the Liverpool Standard, which contains a letter from me, signed "Medicus," for the purpose of reprinting it in the Provincial Medical and Surgical Journal, if you think the subject of sufficient interest to your readers. It may, perhaps, appear strange that I should hazard such sentiments as those of remu-



neration to medical officers in the face of a meeting where an appeal is made for medical aid—but the subject has often engaged my thoughts, and as often I have been compelled to come to the same conclusion; and this, from a conviction that one amongst many other causes of the lowered state of the medical profession, at least in Liverpool, is the immense extent of gratuitous practice; but as it is almost preposterous to expect that such opinions will be acted upon, by merely promulgating them, I have thought the present opportunity favourable to draw attention to them, although I can scarcely expect them to be at once adopted; but the question may be worthy of examination, and thereby awaken attention to the subject.

I am yours faithfully,

Sept. 21, 1841.

THOMAS JEFFREYS.

“THE LIVERPOOL DISPENSARIES.

“To the Editor of the *Liverpool Standard*.

“Sir,—A meeting being appointed for the purpose of relieving the depressed funds of the dispensaries, patronised, and to be presided over, by the Mayor, upon Friday next, I hope that a few remarks upon the subject may not be considered as quite out of place, from one who has worked hard, studied, and watched the progress and proceedings of the medical institutions of Liverpool for now nearly forty years. No one, I think, can doubt the usefulness and extent of the dispensaries in this town; and with the exception of Manchester, the numbers attended by the medical officers is not equalled by any similar establishment under the direction of one committee, throughout the whole of her Majesty's dominions, in which may be included the metropolis itself. It cannot, therefore, be a matter of much surprise that these institutions should labour under pecuniary embarrassment, as has always been the case once in about every five, seven, or ten years. And why is it so? for it is evident that there is no want of charitable feeling amongst our mercantile community, and there ought not to be any want either of pecuniary means; although experience has proved beyond the possibility of doubt, that not only the dispensaries, but almost every charitable institution in the town, has been mainly supported by those who can least afford it. Some of those (for I will not say all) who have been most successful in mercantile affairs, are so much absorbed in their extensive concerns that, it is much to be feared, they consider the subject of charity unworthy of their attention. Unfortunately, it happens that although there is no charity in the town which does more extensive and real good, at so small a cost, as the relief which the dispensaries afford to those who are afflicted with poverty and disease, it is painful to acknowledge that their high standing is not in the same proportion appreciated.

“The first consideration of the committees ought to be, and no doubt is, the relief of the poor overwhelmed with distressing poverty and dire disease; but there is a second consideration, which comes so close upon the well-being of the medical institutions, that I trust I shall not be considered as inimical to such establishments, nor offensive to my medical brethren, if I venture to

point out the advantage it would be to both, if all the medical officers were more or less remunerated for their services, by which, I am confident, the poor would be better attended, and the standing of medical men would be heightened.

“At present 50,000 patients are annually prescribed for at the north and south dispensaries, by which there must be either one of two evils; viz., if the medical officer is both zealous and conscientious in the discharge of his duties, the probability is, that he is compelled to neglect his private professional interests, in such a manner as to lay the foundation for irremediable anxiety so long as he lives. If, on the contrary, he neglects his duties, his professional character is injured, and, what is of more consequence to the community, the objects and designs of the institution are not carried out.

“The great anxiety which medical men evince of being appointed to public institutions, leads to a very natural inference, that there are advantages to be derived from them unknown to the public, and which medical men will not disclose; and, no doubt, the opportunity of witnessing a great variety of cases and practice is considerable; but as this must entirely depend upon the use which each individual makes of it, it is no criterion of superiority; for I am one of those who think that twenty cases closely, diligently, and scientifically watched, are more advantageous to the practitioner and the patient than one hundred visited and attended superficially. Now, as this subject will sooner or later become an object of parliamentary investigation and arrangement, I am anxious that Liverpool should be one of the foremost in testing its practicability.

“I would, therefore, urgently suggest that there should be no honorary officers attached to any medical establishment in Liverpool, and that the fees paid to those so called, by pupils, should belong to the funds of the institution, and become a part and parcel of its permanent resources.

“I should also suggest that no physician or surgeon should ever be appointed to any hospital or dispensary unless he will consent to become at least a *clinical* teacher, if not something more, and that the services of all medical officers should be limited to seven, ten, or fifteen years, agreeable to their own wishes and prospects for private professional confidence; beyond which period he either injures himself, the profession, or the objects of the institution.

“By this modification in the constitution of medical charities, the wants of the sick poor would be provided for, more rigid attendance would be secured, and much anxiety, if not mortification, would be avoided to the young medical aspirant, and, in addition to which, the more independent and wealthy part of the community would secure for themselves medical practitioners well grounded, both by claims and pretensions, for the confidence of those who may honour them by their preference.

“These remarks are brought forward from the purest motives, both towards my medical brethren in this locality, the medical profession in general, and, at the same time, of preserving permanent advantages, in future, for every class of those who require medical assistance, from the humblest individual to the most exalted in society; and if I should fail in making any impression, I shall not

regret having made the attempt.—I am, sir, your obedient servant,

"MEDICUS."

"Liverpool, Sept. 20, 1841."

## UNIVERSITY OF LONDON.

### DEGREE OF BACHELOR OF MEDICINE.

Previously to the year 1842, candidates who have been engaged during two years in their professional studies shall be admitted to the first examination for the Degree of Bachelor of Medicine, on producing certificates to the following effect:—

1. Of having been engaged two years in their professional studies.

2. Of having attended a Course of Lectures on each of four of the subjects comprehended in the following list:—Descriptive and Surgical Anatomy; General Anatomy and Physiology; Comparative Anatomy; Pathological Anatomy; Chemistry; Botany; Materia Medica and Pharmacy; General Pathology; General Therapeutics; Forensic Medicine; Hygiene; Midwifery and Diseases peculiar to Women and Infants; Surgery; Medicine.

3. Of having dissected during nine months.

4. Of having attended to practical pharmacy during a sufficient length of time to enable them to acquire a practical knowledge in the preparation of medicines.

Candidates shall be admitted to the second examination at the expiration of two years after the first examination, on producing the certificates required at that examination.

Previously to the year 1842, candidates who have been engaged during four years in their professional studies, shall be admitted to the second examination for the Degree of Bachelor of Medicine, on producing certificates to the following effect:—

1. Of having been engaged during four years in their professional studies.

2. Of having passed the first examination.

3. Of having attended a course of lectures on each of two of the subjects comprehended in the list given above.

4. Of having dissected during twelve months.

5. Of having attended a Practical Pharmacy during a sufficient length of time to enable the pupil to acquire a practical knowledge in the preparation of medicines.

6. Of having conducted at least six labours.

7. Of having attended the surgical practice of a recognized hospital or hospitals during twelve months.

8. Of having attended the medical practice of a recognized hospital or hospitals during other twelve months.

9. Of having completed the twenty-second year of their age.

10. Of moral character from a teacher in the last school or institution at which they have studied, as far as the teacher's opportunity of knowledge has extended.

Candidates who have not taken a Degree in Arts, or passed the Matriculation Examination in this University, will be required to translate a portion of Celsus *De Re Medica*.

## NECROLOGY.

THE medical science of this country has lost one of its brightest ornaments, in the death of Dr. Wm. P. Dewees, which took place in Philadelphia, May 18th, 1841. Dr. Dewees commenced practice at Abington in the year 1789, and removed to Philadelphia in 1796, where he remained until 1812. Ill health at this period compelled him to remove to the country, and he fixed his residence at Phillipsburgh, Pennsylvania, where he remained until 1817, when he again returned to the city. In 1826 he was appointed adjunct professor, and in 1834 professor of obstetrics and diseases of women and children in the University of Pennsylvania. Early, in this last year, Dr. Dewees suffered an attack of paralysis, from which period his health became very much impaired. He, however, delivered a full course during the session of 1834-5, but at the commencement of the following session his health was so feeble as to compel him to resign his professorship, and seek a southern climate. After spending a winter in Cuba, and the succeeding summer at the north, he settled at Mobile. About a year since, he returned to Philadelphia, where he closed his long and useful career, at the age of 74 years and a few days, full of years and full of honour.

Dr. Dewees had an unusually large practice, and possessed extraordinary tact as a practitioner, with a just degree of confidence in himself, resulting from his vast experience, which led to implicit confidence in him on the part of his patients. As an accoucheur, he had indeed a more extensive experience than any other physician in this country, and in this department he had few if any equals, and no superior.

Dr. Dewees's fame was not confined to this country. He was well known abroad by his writings, which have been more generally quoted by European authors on obstetrics than those of any other American physician, and his opinions are noticed with a degree of respect and deference, which evince that his authority ranks among the highest.—*American Journal of Medical Science*.

## MR. LISTON.

IN commenting, last week, on a paragraph relative to Mr. Liston, which appeared in one of the daily papers, we assumed, perhaps rather hastily, that Mr. Liston had lent himself to a system of puffing, than which nothing, in our estimation, can be more offensive. We have since been positively assured, that Mr. Liston was in no way cognizant of the "puff" alluded to, and therefore express our regret that we should have converted an inference from certain facts, into an accusation against an innocent man.

During the last twelve months, the columns of the political press have teemed with paragraphs obviously intended to place the name of Mr. Liston constantly before the public eye. Mr. Liston does not countenance this illegitimate notoriety; we have his own word for it, and it must be true. We cannot but congratulate him on his good fortune; he is the only professional man in England who thus enjoys the advantage of being puffed—in spite of himself.



## A BLIND AND DEAF BOY.

I SOME years since knew a young man, who, at about the fifth year of his age, lost entirely both his sight and his hearing from the small-pox; he was intelligent and had an active and inquiring mind. Prior to this dreadful calamity he had acquired a knowledge of the alphabet, and had been able to read a little; after the privation, his family communicated with him by means of letters cut in tin, (each somewhat less than a playing card,) these were put into his hand in the proper succession to form words, and thus a slow kind of conversation was held. When any town or village in his neighbourhood was to be spoken of—a figure, as, for example, 9, or figures, as, for example, 12, were put into his hand to indicate the number of miles that the place was distant, and he rapidly named places by guess until he mentioned the right. Short words, and words in constant use, as yes, no, &c., were indicated by touching him on different parts, as the face or arms or chest; his truly lamentable and cheerless condition, however, induced a state of despondency, under which he unhappily died by his own hand.—*Dr. Chowne's Oration.*

## EFFECTS OF ARSENIC TAKEN AS POISON.

AT nine o'clock, on Wednesday, a medical student swallowed a draught containing half an ounce of laudanum and three drachms of solution of arsenic; he was soon attacked with a strong tendency to sleep, flushing of the face, and gastric pain, increased on pressure; the pulse was variable and weak, and there was total loss of voice. Upon Thursday morning he had the following symptoms,—nausea, constant inclination to vomit, vomiting of mucous matter streaked with blood, pain in the stomach, with heat and burning sensation, thirst, colic pains, constriction about the œsophagus, spasms of the gastrocnemii; he had severe diarrhoea, mucous and bloody discharges, tenesmus, finally, true dysentery; the urinary secretion was scanty, and the act of voiding it painful; the abdomen was retracted, and he obtained little or no sleep; pulse eighty-eight. He was treated for gastro-enteritis. Friday morning, he was pale, had slept but little, and was roused by horrid dreams: he suffered from debility and excessive irritability of the stomach: there was now evidence of great inflammation of the rectum, constant disposition to go to stool, great pain and tenesmus, protrusion of the mucous membrane of the rectum, and bloody discharges. On Saturday he had the same symptoms—hiccough, vomiting, and constant tenesmus; his pulse became weaker, but his mind was collected. Monday. In addition to his former symptoms, he was now attacked with fits of dyspnoea and syncope; a black circle surrounded his eyes; pulse one hundred and twenty-three; the crepitis of emphysema was now felt in the right and left side of the neck, and beneath both clavicles. His pains were at this time most excruciating, and the calls to go to stool urgent and incessant; he suffered severely from hiccough, and the prolapsed state of the rectum. He now felt himself dying from pain and exhaustion, his flesh had wasted rapidly; pulse one hundred and forty, and weak; he complained of rigor and chilliness,

the abdomen was strongly retracted. He expired, thus—worn out with five days of continued suffering.—*Dr. Houston's Catalogue.*

## LONDON MEDICAL SOCIETY.

THE first meeting of this society was held on Monday last; there was a tolerably full attendance of members. A paper was read by Dr. Clutterbuck, having for its object an attempt to show that most diseases originated in inflammation. A discussion ensued, but nothing novel or striking was elicited in the course of the debate.

## APOTHECARIES' HALL.

*List of Gentlemen admitted on Thursday, Sept. 23.*—Edward Bayley, Cheswardine; James Tipstaff, Oakum; Richard George Atkinson, Earswick; Joshua Machill, Batley Carr; Mark Robe Bower; Robert Purdie.

## BOOKS RECEIVED.

Statutes and Rules for the Government of the Cumberland Infirmary.

The Oration delivered before the Medical Society of London, at their Sixty-eighth Anniversary. By W. D. Chowne, M.D.

A Correspondence relative to Independent Medical Clubs, between the Guardians of the Halstead Union and George Harvey, Esq.

## TO CORRESPONDENTS.

The letters from Dr. Stocker and from a member at Bradford have been received.

The publisher of the *PROVINCIAL JOURNAL* begs to inform gentlemen desirous of completing their sets, that a new and improved series, containing Sir A. Cooper's papers, &c., commenced with the present volume, April 3, 1841. The back numbers from this period may be obtained through the medium of any bookseller or newsman in town or country.

*Notice to Subscribers.*—The close of the first year.

Gentlemen desirous of continuing to have the *Provincial Medical and Surgical Journal* sent direct from the office by post, are respectfully reminded that the terms of subscription are, *payment in advance*, viz. for a year, 30s., for six months, 15s., which can be remitted to the office, No. 6, Wellington-street, by a Post-office order. May be had, *unstamped*, of all Booksellers and Newsvenders in the United Kingdom.

Letters and communications should be addressed to *Dr. Hennis Green*, 58, Margaret Street, Cavendish Square. Letters connected with the Provincial Association may be addressed to *Dr. Streeten*, Foregate Street, Worcester.

Printed by THOMAS INOTSON, of 105, St. Martin's Lane, in the Parish of St. Martin in the Fields, and GEORGE JOSIAH PALMER, of 20, Regent Square, in the Parish of St. Pancras, at their Office, No. 3, Savoy-street, Strand, in the Precinct of the Savoy; and published by JOHN WILLIAMS RUMSEY, at his Residence, No. 6, Wellington-street, Strand, in the Precinct of the Savoy.—Friday, October 1, 1841.

# THE BRITISH AND FOREIGN MEDICAL REVIEW.

Edited by JOHN FORBES, M.D. F.R.S. F.G.S.

On the 1st of October was published, price 6s.,

No. XXIV.

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No. 2. Vol. I.]

LONDON, SATURDAY, OCT. 9, 1841.

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## INTRODUCTORY LECTURE,\*

DELIVERED AT THE

LIVERPOOL ROYAL INSTITUTION,

October 1, 1841.

BY JAMES LONG Esq.,

LECTURER ON ANATOMY AND PHYSIOLOGY.

GENTLEMEN,—In commencing the present session, I would beg those who are about to enter upon their studies, not to be alarmed at the long catalogue of subjects which constitute a course of medical education. In consequence of the authorised regulations defining the order in which those studies are to be entered upon, and the period over which they are to be extended, sufficient time, with ordinary industry and perseverance, is afforded for gaining a knowledge of them, sufficient to enable the student to become a candidate for practice. The *end* which the different courses of lectures have in view, is that most noble one, the relief of our fellow-creatures, under every form of disease or accident to which the human frame is liable. This important *end* is only to be attained by *means*, which require the united labours of many, the division of labour being no less beneficial in a course of medical instruction, than it is in the mechanical arts. Thus, in the departments of chemistry, botany, and materia medica, are explained the nature and properties of the materials derived from the mineral, vegetable, and animal kingdoms, of which we avail ourselves for medical purposes, in alleviating or curing alterations of function or structure. Anatomy and physiology explain the structure and functions of the body; the former is the science of organism, the latter the science of life. Pathology points out, not only the changes which take place in the body in consequence of disease, but the alterations of function by which those diseases are manifested. Anatomy, therefore, is the knowledge of the structure of the body in a state of health; morbid anatomy, the knowledge of the changes produced in that structure by disease. Physiology is the knowledge of the functions in a state of health. Pathology the same knowledge applied to disease. In the departments of surgery, medicine, and obstetrics, the practical adaptation, application, and combination of the knowledge derived from the previous studies, are developed and explained, and it is from their connexion with these departments, that the foregoing studies derive their principal value.

It has been often remarked, "that the proper

\* This introductory discourse, which was not composed with a view to publication, has been forwarded to us at the request of several members of the Liverpool School. Mr. Long desires to express the obligations which he is under to the late Dr. Fletcher, Dr. Carpenter of Bristol, Dr. Conolly, the late Mr. Bennett, Beclard, and Mr. Quain, from whose writings he has freely borrowed.

study of mankind is man;" it is a study in which several classes of persons engage, each with special views. Some study his mental powers, or moral character, whilst others investigate his physical composition, and all the varied movements which it manifests during life, in order that they may be able to correct or remove those errors of action or composition, or, in other words, those diseases which from time to time occur, and so mitigate some of the evils "that flesh is heir to." This is our object, and it is with this view that we enter upon those studies which are here to engage our attention. That the human fabric is "fearfully and wonderfully made," "that it was the last of the Creator's works," "the beauty of the world," "the paragon of animals," are some of the expressions which the contemplation of *man* has at different times called forth. How the contemplation of this and the other works of the Creator, and of the admirable order which everywhere pervades them, should ever have the effect of rendering men Atheists, or of causing them to call in question the existence, power, or wisdom of the Creator, is as inconceivable as that the study of a beautiful and apposite piece of machinery should lead to the denial of the existence of the mechanic. The study of the works of nature, the wondrous adaptation of means to ends, of structure to function, furnish such incontestable evidence of design and contrivance, that a well-regulated mind must ascend at once to the contemplation of a designer, and "soar from nature up to nature's God."

It was remarked by the sublime Plato, "that the world is God's epistle to mankind;" and Cicero, in his work *de Naturâ Deorum*, dwells more on the fabric and functions of the human body, than upon anything else, when he wishes to prove the existence of a supreme Cause; Seneca and Pliny were almost as much preachers as philosophers, and Galen's work *de usu partium* may be regarded almost as a prose hymn to the Creator of the universe. It is lamentable to contrast the sentiments of these Pagan philosophers with some of those of the so-called philosophers of the present day, who, with all the advantages of more extended observations, have either been led astray into the path of uncertainty and doubt, or have stopped on the threshold of inquiry, and have let in only light enough to render darkness visible.

Those who are just entering upon, as well as those who are proceeding with, their studies, will do well to be upon their guard against some of the subtle theories upon which they may chance to stumble, and to receive with caution those theories which attempt to explain everything; there are many things which are essentially above our reach, and when we cannot exalt our capacities to the comprehension of them, it is better to say so, than endeavour to bring them down to the level of our capacities. When the student sees a being similar to himself, decomposing before him, he may conclude,

from this very fact, that the thinking principle still continues to exist, for what is termed decay is only another name for continued existence, it is nothing more than a change of the arrangement of the constituent elements; the strictest principles of chemistry demonstrating that not one particle of these elements ceases to exist. To conceive that anything mental ceases to exist after the death, when we know that everything corporeal continues to exist, is contrary to every rule of philosophical inquiry, and in direct opposition to the analogy which is furnished by the dissolution of the bodily frame. The facts which the observation of living beings brings under our notice, are, as has been already stated, of two kinds, the one having relation to their structure, the other to their actions; the difficulties in the observation of the structure are as nothing compared with those which beset the path of the physiological inquirer; the difficulty of physiological investigations results from the complexity of the combinations in which vital phenomena present themselves, and from their dependence on one another, to a degree which almost precludes their separate examination. It may be truly said, that the individuality of a mineral resides in each molecule, of a plant or inferior animal in each member, that of man and the higher orders of animals in the sum of all the organs; so that diffusion of the several organs is the characteristic of the lowest forms of organized beings; a tendency to concentration or centralization that of the higher, and this is in general in direct ratio in each, of the advancement of its organism, or of its rank in the scale of organized beings.

The means which nature employs, and the materials with which she works, are few and simple; it is from the different combination of these that such varied results are produced; of the elementary constituents of living bodies it may be observed, that nothing is found in them which does not occur in the world around; the elementary matters to form the immediate principles, and these to form the solids and fluid, are combined in a manner which chemistry is unable to imitate, and it is this which constitutes organization: the elements of these principles still exist, but held together by a property peculiar to living matter, and different from common chemical affinity. Chemical analysis is therefore useful; and useful it is, not in observing what such matter *was* composed of while living, but what it *is* composed of afterwards. It is necessary that the principles upon which animals subsist should be in a manner prepared for them: thus, the vegetable kingdom is a sort of laboratory, in which these principles are prepared for herbivorous animals, and these in their turn become a laboratory, in which these principles are prepared for the carnivorous tribes and for man.\*

The fluids which enter into the composition of the body vastly exceed the solids; it is exceedingly difficult, if not impossible, to define the por-

tion which the one bears to the other, in consequence of some proportion of the fluids always remaining; thus Milligan describes a mummy which weighed seven and a half pounds, as a "hydrate of humanity." The fluids may be briefly described as four—1st, the blood, which is the central mass of the circulating fluids; 2ndly, those fluids which are introduced into the blood from without; 3rdly, those which are taken up in the substance of the body, and are subsequently returned to the blood; and, lastly, those fluids which are secreted from the blood.

The solids are composed of tissues, all of which may be reduced to three, viz. the cellular, the muscular, and the nervous; from the various combinations and modifications of these primary tissues, all the complex machinery of the body is built up.

Thus, the cellular tissue forms, as it were, the groundwork of the body, in which all the other tissues are deposited—condensed externally it forms the skin, internally the internal skin, or mucous membrane; it forms the lining membranes of the cavities, the bones, ligaments, and vessels, envelopes all the organs, and enters into their intimate structure. The cellular tissue must be distinguished from the fat which is lodged in its interstices and contained in its own proper vesicles; this fat in children, owing to the activity of their external circulation, is principally accumulated externally, whilst in old age, in consequence of the languor of the external circulation, it recedes from the surface, and is accumulated internally; as the cellular tissue invests, lines, and connects the several parts of the body, so the fat fills up the interstices, and produces that polished outline which we see so beautifully developed in the female form.

As in certain parts of the vegetable organism we find the cavities filled with oil or gummy matter, stored up for the future nutrition of growing parts, so does it appear that the fat of animals is deposited in its vesicles, partly for a similar purpose. It is in a great measure from its absorption that we can explain the rapid wasting and sunken eye which take place in consumption, as well as the existence of those animals which pass the winter in a state of hybernation.

As the mucous membrane and skin are both modifications of the cellular tissue, so may the hair and nails be considered as appendages of the one, and the teeth as appendages of the other: a fact which seems to strengthen the analogy between the teeth and hairs, is, that whenever the teeth have been found in an unnatural situation, a mass of hair has generally been found to accompany, and often envelope them. In proportion as the cellular tissue is the most extensively diffused, so may it be considered as the lowest of all the tissues, and it decreases as the others become more and more developed. This holds good not only in the human frame, from its first formation up to its perfect maturity, but also applies to the whole animal and vegetable kingdoms.

The muscular tissue is peculiar to animals, and though its existence is probable, yet it cannot be proved in some of the lowest tribes; its distinctive character is that of contracting when irritated. One portion of this tissue is external, connected with the skeleton, and subservient principally to locomotion; these are the muscles of animal life.

\* It has been remarked in a recent lecture by M. Dumas, "that from the aboriginal atmosphere of this globe three grand divisions have been formed—the present atmosphere, the vegetable kingdom, and animals; between these three masses a constant interchange of matter goes on. Matter descends from the air to vegetables, from the vegetable kingdom it passes to animals, and from the latter it ascends to the air whence it originally came. Thus, whatever the air yields to plants, plants yield up to animals, and animals finally restore to air—an eternal circle in which life revolves, but where matter merely changes place."—*Provincial Medical and Surgical Journal*.



Another portion is internal, unconnected with the skeleton, and connected for the most part with the mucous membranes; these are the muscles of organic or vegetative life. The former are under the control of the will, and are voluntary muscles; the latter are not, and are therefore involuntary, whilst those connected with the function of respiration are of an intermediate or mixed character. The nervous tissue, like the muscular, is also peculiar to animals; it has been detected by Ehrenberg even in the infusoria; like the muscular tissue, it consists of two portions, the cerebro-spinal presiding over the animal functions, and the ganglionic presiding over the organic functions, and an intermediate portion connected with the respiratory function.

It is an important fact, that the transformation of tissues is subject to certain laws. Thus cellular tissue may be evolved into any of the tissues which takes its origin from it; a new serous or synovial membrane may be formed, a new cutaneous covering to protect from the air, or cartilage to give elasticity; when a muscle is divided, it does not unite by the formation of new muscular fibre, but by an elastic tissue, which is the substitute for it in some animals, and merely a higher form of cellular tissue. Again, cartilage may become bone, but never mucous membrane; mucous membrane may become skin, but neither can become serous membrane. Moreover, all parts, when wasted or not sufficiently nourished, have a tendency to return to their primitive state, that of cellular tissue. In the reparation of parts, the effusion of coagulable lymph, or liquor sanguinis, is generally the first step, and this is subsequently converted into cellular tissue, whatever be the nature of the ulterior change it is to undergo. Having then seen how simple are the materials with which Nature works, we may notice, that according as she arranges these, so she forms those complex parts of the body termed organs, and as she associates these, so she forms the different apparatus. If the examination of the structure of the organs in a state of rest be interesting to the anatomist, how much more interesting must it be to the physiologist to examine them in a state of action, or of combined action, producing the functions of the body! When he examines those curious instruments, the organs of sense, by which we maintain our relations with the world around us—when he scrutinizes the functions of those inward parts which are more immediately connected with life, and the well-being of the individual, he recognizes each of these parts as instruments designed for special purposes, and in them traces the workings of causes in the production of effects, the adjustment of means conducive to ends.

The functions performed by organized beings are those which relate to the preservation of the individual, and those which relate to the preservation of the species. The first are those of nutrition, comprehending respiration, which effects necessary changes in the composition of the fluids. Circulation, including deposition and absorption, by which the fluids are propelled through the solid parts of the textures, form and deposit new solids and fluids, and break down and carry away the old ones. Assimilation, the reception of new solids and fluids, which are assimilated to the nature of the fluids so employed, for the purpose of renewing them in proportion as they become

wasted. The final result of these three actions is the maintenance of the individual, in its form, composition, and temperature. The nutritious fluid, then, is constantly renewed by absorption; is kept in a fit state by respiration and secretion; makes its way into all parts of the body by circulation, and there effects nutrition, a wonderful operation, in which it is decomposed in such a manner that in each part a portion of the fluid becomes solid, and forms part of an organ, while at the same time a portion of the organ becomes fluid, and enters into the mass of the circulation. In early life the act of composition predominates, in old age that of decomposition, whilst at the middle periods of life an equilibrium is established between the two. As by the act of nutrition the individual is constantly being regenerated, so by that of generation new individuals are formed, and the maintenance of the species provided for. In addition to those actions of organised beings in general, there are others commonly presumed to be proper to animals, and certainly requiring other conditions besides those which alone are necessary to the foregoing, viz. those by which they become conscious of impressions made upon them, or sensation—those by which, in virtue of this consciousness, they reason and will—or thought—and those by which, in virtue of this will, they effect various movements, or voluntary motion. The four first actions principally distinguish organized from inorganized beings; the three last chiefly distinguish some kinds of organized beings from others.

It is in examining into the functions performed by animals, that comparative anatomy comes to our aid, for it is almost impossible to investigate these creations, and the laws which govern them, without a sort of analysis; and this is afforded by the lower animals. In them, organism and its results are seen in their simplest form, and in a multitude of varieties, becoming more and more complex, until we arrive at the maximum of complexity—man. Cuvier has very appositely remarked, that the different classes of animals may be regarded “as so many kinds of experiments ready made by Nature, who adds to or deducts from each of them different parts, just as we might wish to do in our laboratories, showing us at the same time their various results.”

If we investigate the function of respiration, it will be found that whilst it is performed by the entire surface of the lowest tribes of animals, portions of this surface, specially modified, are found in the higher, being disposed according to the nature of the medium which the animal is destined to inhabit. Few persons would, at first sight, perceive any resemblance to the lungs of a quadruped, in the gills of a fish, in the elegant tufts on the body of the sand-worm, or in the air-tubes ramifying through the body of an insect; but this is easily understood, when we consider that to form the respiratory organ, all that is absolutely required is a membrane which shall be in contact with the air on one side, and with the circulating fluid on the other. All the forms of this organ possess this essential character, modified according to the condition of the structure at large, and becoming, like all the other organs, more special and concentrated as we proceed to trace it from the lowest to the highest animals. It is evident, at a glance, that the lungs of the higher animals

are composed of a series of vesicles, and it makes little difference, so far as their essential structure is concerned, whether there be only one such vesicle, or a countless multitude of them; the simple lungs of the frog are as much lungs as those of man, and the gills which it possesses in the tadpole state, may be rendered permanent by removing those influences which are necessary to its attaining a higher degree of development.

The key to the knowledge of the circulation is, that the blood is to be conveyed to all parts of the body, and that the crude aliment, as well as the blood which has already circulated, must be exposed to the influence of the atmosphere; hence the vascular system is modified for the attainment of these two ends. It is only in the capillary vessels, that is to say, in the minute ramifications which unite the arteries conveying the blood from the heart, with the veins returning it to that organ, that the blood acts upon the tissues of the body, and is subjected to the influence of the atmosphere, the larger trunks moving only to distribute it. In quite the lowest tribes of organized beings, it is not through proper vessels, but through the general spongy texture, that the fluids are moved, and it is in this that all the offices they perform are effected. A principal vessel next appears, a sort of aorta, in which the blood moves to and fro, as in worms. This vessel then dilates into a sort of sac or pouch, and this forms the circulating system of the arachnida and crustacea; this sac is then divided into two cavities by a transverse septum, the upper one the auricle, the lower one the ventricle, and this is the heart of fishes; a perpendicular septum is then formed, and by this each of the two cavities is to be subdivided into two; the septum between the ventricles is at first incomplete, as is found in the lower reptiles; that between the auricles is completed later, and remains imperfect in the amphibious animals; and lastly, we have the complete double heart of the higher animals, and of man.

The digestive apparatus, regarded in its simplest form, may be considered as a bag or sac, formed by an internal prolongation of the skin, and provided with an orifice, by which the nutritious particles are received, and by which the refuse matter is ejected; this form exists in the hydra: we there find it open at both ends, the nutritious matter being received at one extremity, and ejected at the other. The canal thus formed is not in the lower animals longer than their bodies, and is pretty nearly of the same diameter throughout. As we ascend the scale, it becomes more elongated and amplified, presenting those numerous divisions we find in man and the higher animals, being, however, somewhat modified according to the nature of the food on which the animal subsists. The liver and the other secreting organs connected with the intestinal canal are nothing more than extensions of its lining membrane; thus in the crustacea, the liver is composed of little pouches called *cœca*; these being extended and subdivided, connected together by cellular tissue, and having the minute terminations of the vessels ramifying upon them, constitute the organ in its most complex form, pouring its secretion into that cavity of which it is itself merely an extension.

We may now ask what are the lungs but a cell

or a concentrated congeries of cells; the blood-vessels and intestinal canal, but a string of such cells, between which communications (the original sites of which are still indicated by the rugæ, valves, &c.) have been established; and what is a heart or stomach but amplifications in certain places of these vessels or this canal?

With respect to that act by which the species is perpetuated, viz. generation, it will be sufficient to remark, that every living being is endowed with the faculty of reproduction, which is inseparably connected with organization, and that it is exercised in so diversified a manner as to have no character which is proper to, nor any which is common to, all animals.—Having taken this summary view of those actions which distinguish organized from inorganized bodies, we will now turn our attention to those which distinguish some kinds of organized beings from others; viz. sensation, thought, and voluntary motion; these give in some degree a new life to animals, and are, therefore, called animal or relative, whilst those previously described are the organic or vegetative; the latter are essential to life, and constitute la véritable vie, the former may be considered as adventitious or superadded to them; and though not essential to life, they modify considerably the organic, for in animals, high in the scale of organization there is a reciprocal action of the vegetative functions, and of the principal organ of the animal functions; viz. of the circulation of nervous action, or of the action of the blood on the nervous system, and of the nervous system on the organ which moves the blood with respect to the movements. In the lowest and simplest animals, whatever degree of contractility be possessed appears to be equally diffused through the system, and we can neither discover in them any structure specially endowed with this property, nor anything resembling a nervous system to call it into action; in proportion as we ascend the scale, however, we find a distinct muscular system evolved, in which the general contractility of the body becomes as it were concentrated, and in proportion to its development and complexity it supersedes the corresponding but more feeble powers of the remainder of the tissues; it is now almost entirely subjected to the nervous system, those parts of it which are not connected with the functions of organic life being rendered subservient to the will, and thus becoming the instruments of its operation on the place and condition of the body. The contractility of a muscle is a property inherent in it; this is what Haller termed the *vis insita*; the stimulus to contraction is the will operating upon and calling this property into action.

A nervous system does not seem to exist in some of the lowest tribes of animals; in others it consists of a number of centres disseminated or scattered; and in the circumstance that all the parts, whether external or internal, whether belonging to the vegetative or to the animal functions, receive their nervous filaments from the same centres. In those animals in which there is no evident nervous system, or in which that system is destitute of a centre, the impressions are immediately followed by motion; in those in which the different ganglia of the nervous system are connected by cords, so as to form a centre, and in which there are particular organs of sensation, the impressions are received by the senses,



give rise to sensation, and the motions are determined by volition. It may, therefore, be presumed, that sensation is exercised by animals, only when their organism has attained a certain degree of development and advancement, and that as the rudest degrees of organism give rise to the faculty of irritability or vitality, so a more refined degree of organic structure than is possessed by any vegetable, and many animals, is also necessary to develop that of sensibility; this, in most animals, gives rise to the faculty of instinct, which, like an irresistible impulse, makes them produce, without instruction or imitation, very complicated actions, which are essential to their own preservation and that of the species.

As we ascend the scale of organized beings, we find the nervous centres become more and more developed, and, in proportion to their increased development, their functions become more and more complicated. The extent, diversity, energy, and complication of the intellectual operations, are, in general, in the direct ratio of the volume and multiplicity of the brain. In man, the brain arrives at its highest degree of organization, but the physical characters which this great development confers upon him, will never explain the vast disproportion which exists between his spiritual mind and the intelligence of the highest animals which approach the nearest to him in the perfection of their frame.

Mr. Hunter, by a happy turn of expression, described the functions of the nervous system as internuncial; thus an impression is made upon the senses, and is conveyed to the central organ producing sensation, and there gives rise to certain phenomena which may be comprised in the word thought. The idea that sensation is seated in the brain is a very ancient one; hence the axioms, "the mind hears," "the mind sees." In order to have a just idea of thought, says Cabanis, it is proper to consider "the brain as an organ specially adapted to produce it, in the same way as the stomach and intestines are adapted to produce digestion; the impressions derived from the senses, upon arriving at the brain, make it enter into action precisely as the aliments do with respect to the stomach, upon arriving at that organ;" and Dr. Barclay remarks, "that we may as well say that the arts and manufactures are derived from the doors and windows by which the raw materials enter, as that thought is derived from the senses alone; there must be something within to act upon these raw materials, and to construct out of them new fabrics, which are the result of the combined agency of the thing acting and the thing acted upon." All the more perfect animals, during the period of their formation, in all probability pass through a series of phases or changes corresponding to the permanent conditions of the lowest tribe of all, and that to which they are ultimately to belong: not only each organ, but the entire body passes from a fluid to a solid state; the solidification proceeds from the circumference to the centre, (and here is a distinct line of demarcation between organized and inorganic bodies, the latter having the progress of their formation from the centre to the circumference;) the proportion of the solids increases with time, and continues to increase to the end. There is at first no determinate texture in the organs; the cellular tissue and the vessels permeable to fluids diminish from the

commencement to the end of life; and it is this change especially which goes on after the period of growth has terminated, that appears essentially to constitute the period of the deterioration of the organism and of old age.

Thus, the human embryo, at first a mere zoophyte, passes through every possible gradation, in order to arrive at the perfection of man, so that, as Dr. Grant remarks, "we pass through the same stages of development, in tracing an organ through the highest animal in the course of its progressive elaboration, as by tracing it through the great body of the animal kingdom." Man, however, is distinguished from all animals by the rapidity with which he passes through the first stages of his formation. It appears, then, not improbable, that all tribes of living beings, with respect to their several organs, start as it were together, and that the germ of each of these organs is in all the same, and that they subsequently differ from each other, chiefly in arriving at their appointed goal sooner or later, those of the zoophyte, the zero of animal existence, reaching it almost instantly, others proceeding farther and farther, and man, the maximum of such existence, last of all.

It is to be recollected, however, that this applies to the organs individually, not to the foetus collectively, for at no period of its development does an animal of a higher class resemble, in its totality, an animal of a lower: and though the organs of all are fundamentally the same, the human foetus collectively is never formed upon any model but its own, and can never be mistaken for anything but what it is; the external form and shape are incomparably more rapid in assuming their proper characters, than any organ or portion of the system. The resemblance, then, not the identity of the human foetus in its formation, to the lower animals, arises from the fact that the organs are not developed synchronously; one is developed more rapidly than another, and while one organ resembles its corresponding organ in one animal, a second will be analogous to that of another; though at one period the human foetus has gills and a single heart, it still in other respects does not resemble a fish, and when the nervous system resembles that of a reptile, the heart may resemble that of a quadruped, and so on.

This law of development is not easily understood, in comparing an organ of an animal, high in the scale, with the corresponding organ of one very low in it; but it is undoubted, that however dissimilar, anatomically and physiologically, two given organs, when placed abruptly in juxtaposition, may seem, still that, by tracing them through all the intervening links, their structural elements will be found essentially the same.

The great Newton recognized the important fact of the unity of organic composition: when extending his views of the uniformity which he discovered in the planetary system, he remarked, "And the same may be said of that uniformity which exists in animal bodies." By uniformity of composition, then, is simply meant, that the materials which compose corresponding organs of animated beings are the same in all, and that the varieties these organs present are only modifications consequent upon their different degrees of development. Thus an organ in one animal will

perform actions to a certain extent; in a second it will perform these actions in a greater or less degree, in a third it will execute additional actions. The teeth in the stomach of a crab are essentially the same as those of the herbivora, carnivora, and of man. The ribs are developed to their maximum in the turtle, and form a case to protect the animal. The anterior extremity is in one animal used as a fin for swimming, or a wing for flying, in another for digging, for climbing, or simply for progression; whilst in man it becomes developed to its maximum as an organ of prehension and touch.

A beautiful illustration of the uniformity of composition, combined with that of progressive development, is, that we never find organs totally absent which are presented in a prominent degree by the members of adjacent groups, though to the animals possessing them in a rudimentary state they seem to be of no manner of use; thus the rudiments of the teeth, which are never developed, and at a later period cannot be detected, are found in the embryo of the whale, and during the development of the jaws of birds. Serpents have rudimentary legs; terrestrial animals, at a certain period, a branchial apparatus. In the abdominal muscles of mammalia, the white lines represent the abdominal sternum and ribs of lizards. The female of the marsupial animals has a bone which supports the abdominal pouch; and the male, though of course he has no pouch, has a similar bone; in the human subject the pyramidal muscles, the analogues of these bones, sometimes exist, but are as frequently absent; the existence of mammae in the male is an exemplification of the same uniformity of composition. These examples will be sufficient to illustrate the law, but it may be further observed that it is by no means unusual for an organ in one animal to serve, in the stages of its formation, a purpose quite different from that for which it is ultimately intended; of this we have an example in the swimming bladder of fishes. It is much to be regretted that this law of unity of composition has been distorted to the worst of purposes; it is not an idle or an useless speculation, but, taken in conjunction with that of progressive and excentric development, fraught with the most useful results; we are thus able to explain many vices of conformation and arrests of development, which without it would be otherwise inexplicable, they being only a permanent state in one or more organs of the steps or degrees through which these organs pass in their successive development. Before enumerating some of these, I may notice that Serres remarks, "that in malformations, animals never pass beyond the limits of their own class to take on that of a higher;" and Blumenbach remarks, "that he has often met with human monsters strongly resembling, in some of their organs, various kinds of brutes, owing to the *nisus formativus*, from some cause, not having reached the highest pitch of the human form, but having rested at a lower point; but had never once among brutes found an instance of monstrosity which bore any resemblance to the parts of the human body." It is evident that the organized world would soon present nothing but confusion and disorder, if laws fixed and immutable did not preside over the formation of living beings, and did not confine each in the limits which have been assigned to it. Sometimes the whole or a part of the abdominal muscles are

stopped in their progress forwards, and thus a space or vacuity is left in front, through which the bladder alone, or in conjunction with some of the other viscera, protrudes; sometimes the lateral halves of the arches of the vertebrae do not unite, and thus give rise to *spina bifida*; it is in this manner that all the natural tubes and foramina are formed; sometimes the æthmoid bone is not developed, and both eyes become fused into one, as in Cyclops. The intestinal tube is at first closed at both extremities; the lower extremity sometimes remains permanently closed, and this is no unusual malformation; it is almost unnecessary to allude to hare-lip, cleft palate, &c. With respect to the numerous malformations of the heart, and nearly all the varieties in the vessels, termed irregular distributions, they are referable to the same law, and have their prototypes in the permanent conditions of the lower animals. The same holds good with respect to the brain and nervous system in general; some monsters are born without a brain; in others, certain parts only are wanting; others, again, present a redundancy of brain, or certain parts are developed beyond the proper standard, at the expense of others which are deficient. As, however, the perfect state of an organ is the most frequent, it is more probable that its development will be arrested at a late period, when it is receiving its finishing touches, than at an earlier period, when its broader characteristics are being imposed; and such is found to be the case, trifling malformations being frequently met with, whilst those which strike the beholder with disgust are rare. We therefore see that order exists in the works of Nature, disorder in our manner of interpreting them, and that malformations are now proved to be merely the assumption of a condition as permanent, which ought only to have been temporary, and that what we consider to be a malformation in one animal, is found as the permanent and natural condition of the part or organ in another.

Having thus briefly surveyed the structure, functions, and development of the human body, I may remark that the functions are not exercised, or, in other words, the vital powers do not enter into action spontaneously, but through the agency of stimuli or excitatives, whether these stimuli act upon the external or internal surfaces of the body, or penetrate into its interior. An attempt has been made to identify electricity and galvanism with irritability and the nervous influence: they are analogous to the latter so far as they act as stimuli, and are a powerful means of promoting life or living action, but they are identical neither with the one nor the other. Organism and life, then, stand in the relation of cause and effect; thus, organism gives rise to the development of a certain property, called irritability or vitality; this, when acted upon by certain stimuli, produces those actions in the sum of which life consists. Dr. Mason Good, not inaptly, though in ridicule of this doctrine, compared the human frame to a barrel-organ, "possessing a systematic arrangement of parts, played upon by peculiar powers, and executing particular pieces and purposes; and life as the music produced by the general assemblage or result of the harmonious action."

As the functions do not enter into action *spontaneously*, neither are they called into action *simultaneously* in the fœtus. We have first only an absorption, and an almost imme-



diate assimilation of nutritive matter; then vessels form, and the circulation carries the materials of nutrition to all the parts of the body; the secretions then take place. At the period of birth, digestion and respiration are added, and lastly, the animal functions are called into exercise; neither is the action of any organ isolated, those which are centres exerting an influence upon all those which are subordinate to them; there is not a single organ which, on being excited in an extraordinary manner, does not exercise a greater or less influence on the entire organism. According to this view, the susceptibility of the organism to be acted upon, when natural, may be regarded as the predisposing cause, and the stimuli, when natural, as the exciting causes of those actions constituting health; and a derangement in the susceptibility becomes a predisposing cause, and a change in the stimuli, or exciting causes, produce an effect upon the health which is termed disease. Disease, then, consists in the derangement of the organism and of the natural phenomena of life; hence the utility of studying the circumstances and agents which act in a useful or injurious manner upon the animal organism; and the art of preserving and restoring health by the well-directed use of external influences, or the science of medicine,

If the above view of life be correct, it necessarily follows that death may ensue, either from a failure of irritability, which is irrecoverable, or from a failure of the stimuli, which may be restored. Thus, death may be permanent or temporary, producing what is ordinarily termed suspended animation, in which, though there is no manifestation of life, there still remains a susceptibility of it; sometimes death is only partial, as in gangrene; sometimes such a sudden and total exhaustion of this irritability takes place, as by electricity, certain poisons, &c., that the blood does not coagulate after death, neither do the muscles become rigid, nor do they contract under the strongest of known stimuli, such as galvanism, which can arise only from a sudden failure of that property, which, under the ordinary circumstances of death, is only very gradually abstracted from them.

Such, gentlemen, are the observations which I have thought proper to bring before you on the present occasion; imperfect and superficial though they be, I hope they will prove sufficient to stimulate those who are entering upon the medical profession, to pursue their studies with ardour; they have an extended field before them, the cultivation of which will amply repay them. It is the lot of few to arrive at eminence, but all may, by a proper use of the abilities with which they are endowed, arrive at a certain point, and thus preserve the intellectual chain as unbroken as that of the animal creation. I would beg the student to proceed with order and regularity in his studies, and not to be led off from one subject to another, made more inviting by its novelty, for this has caused many to regret the dissipation of great abilities in a boundless multiplicity of pursuits, and to lament the inaccuracies and deficiencies of their acquirements, by aiming at too much. We must recollect that we are endowed with mental and corporeal energies, and that our imaginations can conceive more than our minds or bodies can execute; we must no more gratify our minds with schemes

which our lives will fail in attempting to execute, than indulge our corporeal appetites with pleasures which impair our intellectual vigour. The uncertainty of our duration ought at once to set bounds to our designs, and add incitements to our industry; and when we find ourselves inclined either to immensity in our designs, or to sluggishness in our endeavours, we may either check or animate ourselves by recollecting, with the Father of Physic, "that art is long, and life short."

## REPORT ON MIDWIFERY IN PRIVATE PRACTICE.

By EDWARD COPEMAN, Esq.

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IN the seventh volume of the Transactions of the Provincial Medical and Surgical Association is an interesting report on Midwifery, in private practice, by Mr. Rose of Swaffham, in which, after stating the result of his experience, he expresses a desire that others would furnish similar reports, or supply monographs of their private experience, as means of affording data, in conjunction with those from public institutions, for a more correct estimate of the value of female life; and also of imparting useful information to the junior members of the profession.

There can be little doubt that the science of midwifery ought to occupy a considerable portion of the attention of general practitioners, and particularly of those who are situated in rural districts; where frequently, in cases of emergency, the assistance of a professional friend cannot be procured without a delay that might prove fatal, and where, consequently, the medical attendant is obliged to rely upon his own resources, and is solely responsible for the safety of his patient. It is no argument to the contrary, to advance that a large majority of labours terminate perfectly well under unskilful hands; for, in proportion to the ease with which the many are conducted, so are the few attended with the greatest difficulties; and I cannot conceive a position requiring more self-possession, more knowledge of the subject, and skill in applying it, or more kind consideration for the welfare of the suffering patient, than that in which a surgeon is placed when called to the management of some of the worst cases occurring in this branch of the profession.

From March 25, 1835, to March 31, 1839, the number of cases was 570, of which 253 were attended by my late partner, Mr. Taylor; and I regret that no register was kept of the latter, further than the names, dates of delivery, and results. Of the 317 cases attended by myself, there were 301 natural presentations, including thirteen with face to the pubes; and sixteen preternatural, viz. *three* footling, *six* breech, *one* arm, *three* foot and funis, *one* breech and foot, *one* face, and *one* placenta.

Sixteen children were stillborn; of these, *three* were premature births; *one* followed a case of placenta prævia; *one* a breech and foot presentation; *one* an arm presentation; *two* occurred in presentations of the funis and foot; *one* in a footling case, a first pregnancy in an elderly woman, where the soft parts were rigid and unyielding, and the labour very difficult; *one* from imperfect nutrition

in utero; one from defective organization; three from deformity of the pelvis, requiring instrumental delivery; one in a breech presentation, with small pelvis and unyielding soft parts; this woman had been married thirteen years, without having before been pregnant; one very large and partially decomposed; it weighed thirteen pounds, and measured as follows:—

Length, two feet three inches; width across shoulders, eight inches and three quarters; ditto, hips, seven inches and one-eighth; circumference of head, one foot one inch and a half; ditto, body, one foot three inches and a quarter; ditto, thigh, seven inches and a half.

In *forty-nine* cases of head presentation, the vectis was used. In *two* cases, convulsions occurred after labour. In *one* the placenta was partially retained, giving rise to fearful hæmorrhage; on the adherent portion of placenta being removed by the hand, the hæmorrhage ceased, and the woman quickly recovered.

There were *four* cases of twins, one of which occurred at the seventh month of pregnancy; both children were born alive, but died in less than twenty-four hours.

Presentations: one breech, and the other footling.

In the second case, both children were born before I arrived at the house, although the distance was only two miles, and no time was lost in obeying the summons. Presentations: one natural, one footling. In both these instances there were two separate placentæ.

In the third case of twins, both children were born very quickly—one large placenta. Presentations natural.

The fourth case presents several points of interest, and I therefore insert the particulars more at length.

CASE I.—*Twins. Hæmorrhagia Lochialis.*—Mrs. G., aged 41 years; seventh pregnancy: sent for Mr. Taylor early on the morning of February 26, 1838, in consequence of a sudden gush of water from the vagina, which she expected would, as in former labours, soon be followed by the expulsion of the child. No pain followed, and at noon I relieved Mr. Taylor, and staid till seven o'clock P.M., but there was no pain, although the water passed away in no small quantity every time she coughed. No examination was made at this time. I was not summoned again till March 19, at seven o'clock in the morning. She told me she had lost a good deal of water at intervals since my last visit. She was in strong labour, and a fine male infant was very quickly born. In a quarter of an hour afterwards, pains came on again, accompanied with a large discharge of liq. amnii; the abdomen was but little diminished in size, and, on examining per vaginam, my finger came in contact with a large smooth body, which proved to be placenta. As soon as one edge of this was protruded through the os externum, I felt the head of another child passing rapidly through the pelvis, preventing the further expulsion of the placenta. As soon as the second child, a female, was born, I removed an immense placenta with facility; and almost immediately afterwards a second placenta, much smaller than the first, which was lying loose in the vagina. A smart hæmorrhage followed, but, by pressure through the parietes of the abdomen, the uterus

soon contracted to the size of an orange, and the flooding ceased. A bandage was applied round the abdomen, and I left the patient an hour afterwards in a very favourable condition.

22. Complaints of not having slept so well as usual at night. Took half an ounce of castor-oil. Lochia subsiding.

23. Castor-oil operated six times freely; and after this the lochia resumed their full red colour, and flowed freely all night and day, so as to alarm the patient. In the evening I was summoned; the discharge had been profuse, and I found her faint and low-spirited. No pain in the head—no tenderness on pressure in the abdomen. No thirst—urine passing freely, and not high coloured. I enjoined perfect repose, free ventilation, and prescribed the following medicine:—

Infusion of roses, 5½ ounces; syrup of poppies, ½ ounce; dilute sulphuric acid, ½ ounce. One ounce every four hours.

24. Lochia subsiding and altering in colour. Slept well. No pain or fever. Able to take a little animal food.

25. I received a note to say my patient was finely, and all going on well.

I presume the great increase in the lochial discharge on the third day after labour was occasioned by the violent action of the castor oil, producing debility and relaxation in a uterus which had previously undergone a very unusual degree of distension.

From April 1, 1839, to March 31, 1841, the number of cases attended was 276; of which 265 were natural presentations, including *eight* with face to pubes. *Eleven* were preternatural, viz. *one* footling, *four* breech, *two* arm, *three* face, *one* elbow and edge of placenta.

Of the 276 cases, 151 of the children were males, and 126 females, one being a case of twins, both males.

There were *five* cases of accidental hæmorrhage. *Nineteen* in which the vectis was employed. *Fourteen* children were stillborn; of these, *nine* were premature births; *one* occurred in an arm presentation; *two* in breech presentations; and *two* in natural presentations.

It is worthy of remark that only two deaths occurred in 846 cases, and also that a large majority were natural presentations; circumstances probably attributable to the more healthy form and condition of persons residing in the country; less subjected as they are to the debilitating effects of impure air, intemperance, and want of cleanliness and ventilation, experienced by the lower classes of those inhabiting densely populated towns.

One of the fatal cases, attended by the late Mr. Taylor, was occasioned by profuse hæmorrhage after the birth of the child. The labour was very rapid, the child born before Mr. Taylor could be summoned, and the woman was in *articulo mortis* at the time he arrived at the house. She had twice before been in great danger from the same cause; but from having had proper assistance at hand, her life was saved, though with great difficulty.

Uterine hæmorrhage has not been frequent, and the few cases reported occurred chiefly after the expulsion of the child, either from partial retention of the placenta, or from inactivity of the uterus. It is sometimes, however, a very alarming accident, and, if uncontrolled, rapidly fatal. The fol-



lowing case is interesting, as showing how largely stimulants may occasionally be safely administered, and how much may be done for the security of the patient by a persevering employment of suitable means, even under circumstances of extreme danger.

**CASE II.—Placenta presentation. Severe hæmorrhage.**—Mrs. P., the mother of several children, was taken in labour on the 7th of March, 1836. Placenta presentation, with hæmorrhage at intervals for a fortnight before labour. Mr. Taylor turned the child, which was accomplished with difficulty, owing to the liquor amnii having escaped several days before. I arrived soon after the birth of the child. There had been considerable hæmorrhage, and the poor woman was in an extreme state of collapse; rolling from side to side, gasping, and occasionally calling out frightfully. Her pulse became imperceptible, her extremities cold, the surface deadly pale, and to all appearance she was lost. Indeed, Mr. Taylor was so convinced of it, that he soon left the house to avoid witnessing her death, and begged me to remain till all was over. She had had 100 drops of laudanum, and the attendants were actively employed in rubbing her limbs with flannel, and applying hartshorn to the nose. Fortunately she did not vomit, and I was enabled to pour down her throat brandy, chicken broth, and wine; all of which were in readiness in anticipation of such an occurrence. I also gave another dose of laudanum (100 drops) to quiet restlessness, and after a while her pulse could again be felt; but twice afterwards it became imperceptible, and all hope seemed to vanish. I still, however, persevered, and by remaining at her bedside from 4 P.M. till 6 o'clock the next morning, giving stimulants and broth every few minutes, she at last rallied, fell into a comfortable sleep, and awoke in a state which indicated that all danger of immediate death from collapse was over. In the course of the time mentioned she took 200 drops of laudanum, more than half a pint of brandy, five or six pints of chicken broth, and port and tent wine in no small quantity. No undue excitement followed; her recovery was very tedious, but perfect; and she is now in the enjoyment of excellent health. She has not been pregnant since.

**CASE III.—Puerperal peritonitis.**—The other fatal case was that of a woman attended by my assistant, who, owing to a narrow pelvis, had previously experienced very severe labours, requiring instrumental delivery. In this instance nature was allowed a full trial of her powers, and, after much time and very powerful efforts, she accomplished her task. The pains had been so severe, and the muscular efforts so strong, that the abdomen "felt as if strained." This sensation never left her, and on the third day she was seized with pain in the abdomen, which soon became so severe that she could not bear the slightest pressure, and she had all the frightful symptoms of puerperal inflammation. She was bled largely soon after the attack, took calomel and opium, had fomentations to the abdomen, and the following day seemed much relieved: but in the night the pain returned with its former violence, and she was again bled from the arm. She became depressed soon after the second bleeding, the pulse was more frequent and weaker, she complained more of *wanting relief from the bowels* than of pain,

the abdomen became tumefied, and she quickly fell a victim to this dreadful disease.

In reviewing this case, I am strongly of opinion, that it would have been safer to have delivered the woman sooner by means of the vectis, than to have allowed her to make such long-continued and powerful efforts without assistance; although interference was not demanded on the score of exhaustion, and the position of the head was good. When muscles are over-exerted they become tender and painful; and if the exertion be continued, they may be attacked by inflammation, or even be ruptured. I can readily conceive that in the above case the abdominal tissues were inflamed from the great exertion they had undergone, and that the inflammation might have been communicated to the serous lining and subjacent parts, showing itself in the intractable form of puerperal peritonitis. I also believe that bleeding was carried too far in the treatment, for the patient began to sink directly after the second bleeding, and never rallied again.

In a former labour, at which I was present, Mr. Taylor applied the vectis before the head was entirely clear of the uterus; and although a good deal of force was used, the delivery was accomplished with perfect safety both to mother and child.

The vectis, properly constructed as regards size, shape and strength, is a powerful, safe, and very useful instrument in midwifery; and is the only one that has been had recourse to in the cases comprised in this report. Any means that may, if cautiously, be *safely* employed with benefit to a person in suffering, ought to be as much recommended, as the caution that is required to make it safe; and I can truly assert that on no occasion have I found the vectis productive of mischief or inconvenience. On the contrary, it has sometimes happened that patients who have once experienced the benefit of it, have, in future labours, anxiously requested its application. The facility with which it may be introduced, and its simplicity as an instrument, give it a decided advantage over the forceps, provided it can be proved to be equally safe and efficient.

By passing the blade of the vectis into the vagina posteriorly, so that the convexity of its curve corresponds with the concavity of the sacrum, the instrument can easily be applied to any part of the head that may seem desirable; or to different parts in succession, should this be necessary during its passage through the pelvis. Care must of course be taken to keep the end of the vectis in close contact with the head, to avoid including any portion of the neck of the uterus in its grasp; should this at any time occur, slight traction would occasion pain, and demonstrate what had happened. When the head is high in the pelvis, and the concavity of the vectis well applied to the surface of the head, if the handle be slightly raised during traction, the instrument will be found an efficient hook, and there will be no occasion to endanger the soft parts of the mother, by using it as a lever.

When the head is low down against the perineum, the handle of the vectis must be more elevated, and two fingers of the left hand interposed between the shaft and the ramus of the ischium, as a fulcrum during extraction; or, which is much the better plan, the fore and middle fingers of the

right hand may be applied to the opposite side of the head, and the thumb of the same hand hooked round the shaft of the vectis, as near the head as possible, whilst the left hand is employed in drawing upon the handle in the direction of the outlet of the pelvis. Here the right hand supplies the place of a second blade, and maintains the curve of the vectis in close contact with the head.

It occasionally happens that after a labour has been going on well for some time, and the head has arrived at the perineum, uterine action ceases, and the head remains in the same position, nearly born, for a considerable time; there is no mechanical impediment, the pelvis is sufficiently large, the soft parts unresisting; nothing but pain is wanted to complete the process. If the vectis be now introduced and slight traction be made upon the head, the chances are that uterine action will be immediately excited, and the head expelled without further trouble. It appears as if the movement of the head gives the required stimulus to the organs of expulsion, and causes them to resume their natural action; in the same way as the pressure of feces against the sphincter excites the desire to discharge them. Also, when uterine action is rendered feeble by the collection of a large quantity of liq. amnii behind the head, the introduction of the vectis allows it to escape, and all goes on well.

**CASE IV.—*Inertia uteri.***—Summoned to Mrs. U., on the 3rd of June, 1838, at ten o'clock P.M., in labour with her first child. Had a slight show at eight o'clock, but no symptom of labour previously to that time; pains strong and regular; os uteri dilated to size of half-a-crown; natural presentation; could not distinguish the membranes, nor could I ascertain from the attendants that any water had escaped. At about one next morning the head had passed into the pelvis, and was nearly uncovered by os uteri; no membranes protruding; pains diminishing in force and frequency. At five A.M., head quite free of the uterus, and not covered by the membranes; complains of weariness, but had very little pain since two o'clock. Ten A.M., head resting on the perineum, but not dilating it; pains very slight, and making no impression upon the child. Twelve o'clock at noon, same state; patient faint; took a little brandy and water; slight friction over the abdomen caused uneasiness. Four P.M., same state; no impression made upon the head during a pain. Five P.M., as the pains did not improve, and the patient was again faint, I applied the vectis, and with the greatest ease extracted the head; the body of the child was soon expelled by the natural efforts, as was also the placenta about ten minutes afterwards. For a day or two the labia were swollen and tender, from the long-continued pressure of the head, but the patient soon recovered.

For the purpose of exciting uterine contractions in circumstances such as I have referred to, the ergot of rye has been used and recommended, but I have never had occasion to employ it, neither have I ever seen it employed. The simple means above described has, in my own experience, always answered the purpose, and there are so many objections to the use of ergot, that I am but little disposed to make trial of it.

Dr. Houston\* remarks, that "Ergot has caused several fatal demonstrations, and from what he has

seen and heard, that more children have perished by the injudicious use of ergot during the few years which followed its introduction into the practice of this country, than have been sacrificed by the unwarrantable use of the crotchet for a century past." "In the works which I have read in reference to this medicine, I have been struck at finding so little allusion made to its bad effects upon the child, very few instances being recorded of its fatal effects. Out of eight cases in which I used ergot, I lost three children, and I satisfied myself, before its administration, that the children were not only alive, but apparently strong and healthy; but as soon as the action of the medicine commenced, these impressions gradually became less sensible to me and the mother." "Could the action of this medicine be in any way regulated by the accoucheur, I am satisfied that, to a great extent, it would supersede the use of instruments; but until that can be accomplished, it has that great disadvantage, and will always require to be given with extreme caution."†

Mr. Rose of Swaffham‡ used ergot in ten cases, in four of which it failed of its purpose.

M. Chavasse of Birmingham says, that ergot is calculated, when given without care and discrimination, not only to defeat the purpose for which it was administered, but to destroy the vitality of the child in utero; and that at other times, even when given under the guidance of judgment and discretion, it will occasion hourglass contraction, and retention of the placenta.§

Mr. Robertson of King's College considers cases of hæmorrhage from the uterus alone fitted for the use of ergot.||

A gentleman whom I met professionally in a case of retained placenta, remarked to me that a medical friend of his, who had been much in the habit of using ergot, was frequently meeting with such cases, and had several times summoned him to aid him in extracting the placenta.

Burns says, "It has been observed that children born after the exhibition of ergot very often are dead, and in that case are blanched and bloodless; but fortunately this effect on the child is by no means invariable, though I must acknowledge it is frequent, especially if the uterine action do not expel the child soon after it is excited by the ergot."¶

The ergot is, however, considered by several eminent practitioners to be a very valuable assistant in midwifery, and, from their testimony in its favour, I cannot doubt its having proved serviceable. But when I consider the remarks above quoted, proving its occasional inefficiency, its frequent prejudicial effects upon the child, its uncontrollable action, its tendency to produce hourglass contraction; and that "it must only be given where the sole cause of delay is a torpid or feeble state of uterine action," I am inclined to the belief that, except in cases of hæmorrhage after labour, the vectis will answer the desired end fully as well, and deserves the preference, from its employment being unattended with evil consequences to mother or child.

I have found the vectis available in all cases of

† Paterson on Ergot. Edinburgh Medical and Surgical Journal, Jan. 1840, p. 142.

‡ Provincial Medical and Surgical Transactions, vol. vii.

§ Ibid. vol. iv.

|| Medical Gazette, No. 634, p. 692.

¶ Principles of Midwifery, by John Burns, M.D., p. 415.

\* North American Med. and Surg. Journal, January, 1839.



head presentation, where instrumental aid has been required; and the late Mr. Taylor, in an extensive and successful midwifery practice, embracing a period of twenty years, used no other instrument for the delivery of the head, when it could be accomplished without perforation. In cases of face presentation, with the chin towards the pubes, it is perhaps the only instrument that will draw down the occiput, and bring it into a natural position.

I have met with only two cases of puerperal convulsions, both of which occurred after labour. The subject of one of these cases was a young unmarried woman of a full habit, strong and robust; and the disease was speedily removed by a full venesection. The following are the particulars of the other:—

CASE V.—*Puerperal convulsions*.—Mrs. C., æt. 28 years, of lax fibre, very delicate, and threatened with phthisis, was delivered quickly, and almost without pain, on the 17th of November, 1836. Placenta expelled by natural effort, and uterus well contracted. About six hours afterwards, I was summoned on account of her having had two “stoppages.” Found her dozing, slight flush on the cheeks, pulse slightly accelerated; was told she had been twice very much convulsed, but not knowing from the description what was the nature of the attack, I gave her a draught, æther and laudanum. After taking this she was sick; the lochial discharge made its appearance, and she passed urine freely. At 9 P.M. I received a message to say she was dying; and indeed, when I saw her, I thought such was the case. Since my last visit, she had experienced two more convulsions affecting the whole body, and she was now insensible, with stertorous breathing, frothing at the mouth and nostrils, countenance livid, no pulse at the wrist. I immediately summoned Mr. Taylor, and in the mean time occupied myself with applying hartshorn, sponging the head with warm vinegar and water, &c., and happily succeeded in rousing the circulation, so as to be able to feel the pulse. Mr. Taylor had no doubt the patient was beyond recovery; but as the pulse kept rising, we agreed as a last resource to try bleeding, and took away twenty-four ounces of blood. The bleeding acted like magic; the face regained its natural colour, the breathing became easier, the secretion from the mouth and nose, which had been abundant, ceased, and the circulation improved; but still she remained insensible. Mustard poultices to the feet and legs, and a large blister to the nape of the neck; vinegar and water to the head constantly. Nothing could be given by the mouth. At two o'clock next morning she was slightly convulsed in the face and arm, and as the pulse had risen, I again bled to the amount of sixteen or eighteen ounces. After this, she became sensible of the action of the sinapisms, and occasionally drew up her limbs as if in pain, but soon sank again into a state of stupor. Occasional grating of the teeth, and attempts to rise in bed.—Pulse 136, 10 o'clock A.M. Breathing natural; Pulse 120, regular. Still in a deep sleep, but could be made to answer a few questions. Blister drawn well. Swallowed a little fluid. Adhib. enema purgans.

6 P.M. Bowels twice relieved. Gradually gaining more sensibility, and knows her attendants when roused. Surface warm, Pulse 100, soft

and regular. Gave her five grains of calomel, and repeated the mustard poultices.

19. Slept well; bowels relieved; sensibility quite restored. Repeat calomel, gr. v.

This patient soon recovered, but had no recollection of the severe attack she had undergone, and said she should not have known that she had been unusually ill since her confinement, unless her husband had told her about it.

She has been confined twice since, without any recurrence of convulsions.

In this case the good effects of bleeding were remarkable, although the feeble constitution of the patient seemed to contraindicate the propriety of abstracting blood even in small quantity.

CASE VI.—*Retained placenta*.—On the 29th of June, 1840, I was summoned to attend a lady under the following circumstances. She had an objection to employing a surgeon in her confinements, and had several times passed through them safely without other assistance than that of her nurse. Upon the present occasion she pursued the same plan, had as usual a quick natural labour, and was delivered of a fine female infant early in the morning. After the birth of the child, the patient was aware of a much greater loss of blood than usual, and the placenta did not, as heretofore, pass away. After a time the hæmorrhage ceased, and feeling assured all would soon be right, she still refused assistance. Her nurse, however, became somewhat alarmed, and, five hours after the birth of the child, succeeded in persuading her mistress to send for me. I found a large quantity of blood in the bed, and the patient pale and faint, but not at all frightened. On examination I immediately felt the placenta, and expected it was lying loose in the vagina, and that it could easily be drawn away; but failing in my attempts to remove it, I introduced my hand, and found the os uteri firmly contracted upon it, one portion being retained in the uterus, and the other in the vagina. Hæmorrhage had in this way fortunately been interrupted; and by gently insinuating my fingers, one at a time, through the tight ring formed by the os uteri, I was enabled to dilate it, and then removed the placenta without further difficulty, the uterus contracting upon my hand as I withdrew it. No untoward symptoms followed, save a tedious restoration of strength, from too great loss of blood.

CASE VII.—*Retained placenta*.—On the 4th of October, 1840, Mrs. L. was taken in labour, in the sixth month of pregnancy. I found the arm and side presenting, but easily brought down the feet and effected delivery. The placenta was retained, and I was obliged to introduce my hand; this was no easy matter, the vagina having been so little dilated by the small fœtus. Os uteri firmly contracted upon the umbilical cord, and the whole placenta within the uterus. It was with no little difficulty that I was enabled to introduce my finger into the uterus by the side of the cord, but after a time I accomplished it, and gradually dilated the os uteri, so as to allow of the passage of the placenta through it. The patient soon recovered.

The former of these two cases proves that the uterus may be artificially dilated several hours after delivery, without necessarily occasioning bad consequences, should circumstances render it expedient to resort to such a proceeding. The hæ-

morrhage was stopped, and perhaps a valuable life preserved, by the uterus contracting upon the placenta and holding it as a plug.

In the latter case the os uteri closed upon the cord before the placenta was separated from the surface of the uterus, and no hæmorrhage occurred.

These were cases of irregular action of the uterus after the birth of the child. Were they what are called hour-glass contractions? If so, the term is badly applied; for the stricture was caused by the os uteri, and not by the central fibres of the uterus forming it into the shape of an hour-glass. I should be inclined to doubt the existence of hour-glass contraction, were it not for the weighty authority of some who have described it; and should rather imagine the first cavity of the hour-glass to be the vagina, lengthened and enlarged by distension; the central narrow portion the contracted os uteri; and the upper cavity the uterus.

In natural labour, it has often struck me that more power has been attributed to the uterus in the act of child-birth, than accords strictly with the real nature of the process; for although the uterus is undoubtedly the principal agent, it is not so much by its own force of contraction, as by its power of exciting and regulating the action of the assistant muscles, particularly in the latter stages of labour, that the expulsion of the fœtus is accomplished. During a pain, the uterus contracts and presses the child downwards against the soft parts in the pelvis; this creates a desire for the expulsion of the offending body; and all the muscles which can assist in producing that effect are brought into action: when the uterus ceases to act, the others are quiet also. This mechanism obtains, even after the child has escaped from the cavity of the uterus. In presentations, where the body and limbs are born before the head, the latter, being quite out of the cavity of the uterus, may perhaps rest against the perineum for some time, and during several pains; still the pains intermit and are dependent on the action of the uterus, although the expulsion of the head is effected by the assistant muscles. The uterus gives the command, and they obey; the uterus, by its contraction, is the exciting cause, and the other muscles, acting as it were by sympathy, are the immediate cause of the expulsion of the head. In further illustration of this, I may mention the following case:—A woman had been in strong labour more than thirty-six hours. Pelvis small; face presentation, and head firmly impacted high up in the pelvis. After very great difficulty, delivery was effected by means of the vectis. Hæmorrhage followed; the patient was faint and exhausted; the uterus had not power to contract. I introduced my hand, and found the uterus dilated and flabby, the placenta adherent in chief of its extent; but as the hæmorrhage continued, I gently separated the placenta, by passing my hand edgewise between it and the uterus, placed the back of my hand against the uterine vessels, and drew the placenta into the vagina with my other hand by means of the funis. The uterus feebly and slowly contracted, the hæmorrhage ceased; but before the contraction was sufficiently strong and perfect to make it safe for me to withdraw my hand, the placenta, during a pain, was expelled from the vagina by the side of my arm. I had here an opportunity of feeling

the slight contraction of the uterus, and the consecutive effort of the assistant muscles, powerful enough to force out the placenta by the side of my arm. The patient experienced a speedy recovery, in spite of the dangers she had encountered.

September, 20, 1841.

## CASES OF ARTIFICIAL ANUS, TERMINATING SPEEDILY IN RECOVERY.

By GEORGE MALLETT, Esq.

SURGEON, BOLTON.

THE following cases of artificial, or, perhaps I should rather call them, factitious anus, one of them the result of imperfectly reduced hernia, and the other the consequence of a severe accident,—are, I think, worthy of being placed on record, as indicating to what a great extent the natural powers are capable of restoring injured parts to their normal condition.

CASE I.—R. T., aged thirty years, a servant man, when attempting to get upon a coach going at its usual speed, was thrown upon his back, between the fore and hind wheels, the latter of which grazing the scrotum, passed over the pubis near its junction with the ramus of the right ischium. I saw him about an hour after the accident; his countenance was pale and sunken, pulse feeble and slow; the scrotum was swelled and much blackened. On the right side, about two inches from the symphysis pubis, there was a circular swelling about two inches in diameter, which appeared to be caused by extravasated blood; the swelling in the scrotum evidently arose from the same cause. The skin was slightly grazed along the tract of the wheel, but there was no wound. The man was able to move his thigh in any direction, but the act of moving it caused much pain, and it was unable to sustain the whole weight of the body. He was ordered to bed, and an evaporating lotion constantly applied. Four hours afterwards, the swelling and pain increasing, the pulse also being stronger, twelve leeches were applied, and some aperient medicine given. In a short time he passed some urine, and his bowels were evacuated three times, but the dejections consisted only of liquid blood. On the following morning, May 4th, the pulse was 96, and still rather feeble; skin moist, and the injured parts presenting much the same appearance as on the previous evening. Half an ounce of castor oil was given, which, during the day, produced several natural but relaxed motions. In the evening the swelling much increased, extending nearly as high as the umbilicus, and now, upon being handled, it cracked as if air had been effused into the cellular tissue. The pulse had increased both in frequency and fulness, being 110, and there was a considerable degree of abdominal tenderness; twelve ounces of blood were taken, with great relief.

5. The swelling had extended as high as the epigastric region, and the scrotum was enormously distended, and contained air. The tongue was white and dry; pulse 110, and full; ten ounces of blood were again abstracted, when slight faintness came on. During the course of the day he suffered severe and intermitting abdominal pain,



which was relieved by opiates, the bowels having been previously moved by an injection. In the evening, there was a good deal of hiccup, and he made frequent ineffectual efforts to vomit.

6. No material alteration in the symptoms; the same treatment was continued.

7. Much the same, as far as the constitutional symptoms were concerned, but the swelling had gradually increased; the cellular tissue, when pressed upon as high as the neck, emitted a crackling sound. A free incision was made into the scrotum, from which came a large quantity of coagulated blood and fetid gas. The attempts to vomit and the hiccup now ceased, but he had several involuntary motions. The pulse for the last two days had varied in frequency from 100 to 110, being soft and easily compressible. The tongue was foul but moist, and the expression of the countenance very bad, the features being sharp and sallow.

8. No alteration, except in the state of the pulse, that being more frequent and very feeble. Some porter and a more generous diet were ordered.

9. The scrotum was again distended, and a considerable swelling had arisen in the upper and anterior part of the thigh, which, from its pulpy feel, I believed to contain feces as well as gas. A very large incision was then made into the thigh, and another into the scrotum, from both of which issued a considerable quantity of feces as well as gas. He was ordered quinine, wine, porter, and as nutritious a diet as his stomach would bear.

12. The swellings much decreased; no pain, but a great feeling of debility and sinking. Since the late incisions were made, there had been no evacuation from the rectum, but an immense quantity of fecal matter had been discharged from the wounds.

14. Considerable reaction; pulse 100, and very full; short dry cough, breathing hurried, and complaining of pain under the sternum. Small but frequently-repeated doses of antimon. tartar., a blister over the sternum, and low diet, were prescribed.

15. Chest relieved; expectoration free.

16. Generally improving; tongue clean; pulse 90, and compressible. The appetite has improved, and for the first time the patient expressed a wish for solid food.

20. Still further improving; appetite remains good, and the strength is much increased. The feces still come through the wounds, and none from the rectum.

21. Complains of pain in passing urine, and upon examination a swelling was observed in the perineum, which was supposed to contain feces. An incision was made into it, which was instantly followed by feculent matter. A probe was passed from the wound in the thigh, which came out at the perineum, proving the communication between the two wounds.

23. The feculent discharge was much diminished. An ounce of castor-oil was given, and an injection administered, which in the course of the night produced two copious evacuations per naturales vias.

26. No discharge from the wounds, except pus and wind; motions natural. From this time he gradually improved, and on the first of July the wounds were almost healed, and with the assistance of a stick he was able to walk nearly a mile.

Aug. 1. He was pronounced well, there remaining only a slight weakness on the right side, and which was daily decreasing.

On the day after the accident, when air was felt effused amongst the cellular tissue of the abdominal parietes, it was evident that there must have been a rupture of some substance, and from the pain felt in moving the thigh, and the inability to bear the weight of the body upon it, I thought it probable that there might be a fracture of the pubis, and that a splinter of bone might have penetrated the cæcum; but as no portion of bone came away, or was in any way perceived during the treatment, I now think it more probable that the pressure of the coach-wheel, acting upon a distended gut, had been sufficient to rupture the bowels. Upon minutely examining the part after the healing of the wounds and the disappearance of all swelling, a depression of the ramus of the pubis, near its junction with the ischium, was distinctly felt, and taking all the circumstances of the case into consideration, there can be no doubt that the intestinal injury was produced either by the direct action of the wheel and the abdominal muscles, or by the pressure of the depressed bone upon the cæcum. I have now lost sight of the patient, but three years after the accident I saw him, and he made no complaint, but that he had rather more difficulty in keeping his bowels regularly moved than he had previously to the accident. The weakness of the right side had entirely disappeared.

CASE II.—On the 19th July I was requested to visit the wife of a labouring man, who complained of severe pain and swelling in the left inguinal region. She stated that a small tumor had existed there for years, but which had a fortnight since suddenly increased in size, in consequence of the exertion of raising a canful of water to her head; a few hours after which, vomiting came on, and a medical man was called in, who reduced the hernia. The vomiting then ceased, and violent diarrhœa followed, which continued up to the time I saw her.

Upon making an examination, I found a tumor, about the size of a pigeon's egg, so exceedingly painful that the slightest touch could not be endured. She could not say whether the tumor had entirely disappeared when the first medical man gave up his attendance, but she thinks it was much as it had been before its sudden increase. The surrounding enlargement was much thickened and inflamed; the abdomen in every other part free from pain, notwithstanding severe pressure was applied. Pulse 96; no vomiting; and she had at least six or eight motions in the twenty-four hours. My view of the case was, that the original tumor consisted of omentum, and that in consequence of her exertion a portion of intestine had been forced into the sac, which caused the vomiting; the intestinal hernia being reduced, the vomiting ceased, and that afterwards the omentum had inflamed, and was then, in all probability, in a gangrenous state. I did not think it proper that any attempt should be made to return it into the abdomen, and there being no violent constitutional symptoms present to justify an operation, I determined for the present to leave the case to nature, merely directing the observance of perfect quietude, and the application of a poultice.

July 20. The swelling and external inflamma-

tion were much increased, and the livid hue of the integument indicated the existence of gangrene. The bowels had been moved four or five times; there was still no tenderness upon the other portions of the abdomen when pressure was applied; pulse 100. As she had not slept for several nights, and suffered much local pain, and seeing nothing to counter-indicate its use, I gave her at bed-time two grains of opium, and ordered it to be followed up in the morning, if necessary, by small doses of the sulph. of magnesia in infusion of roses.

21. At eight o'clock in the morning the tumor burst, and, to my great surprise, I found that a large quantity of feculent matter had issued from the opening. I confess that I had not any idea that the case could have been intestinal hernia, and the following circumstances would, I think, have excused any one coming to the same conclusion, viz. diarrhoea and no vomiting. No general abdominal tenderness, and very little constitutional disturbance.

The pulse was now small, and about 100. Tongue, white, but not dry. The part was directed to be kept as clean as possible by frequent fomentations.

22. The faeces issued freely from the groin, and she had had also three or four motions per anum. Upon the whole, she did not appear so well as yesterday. She had a short dry cough, but no pain in the chest; pulse 120, with much restlessness and irritability. A pectoral mixture was prescribed to allay the cough, and an anodyne draught given at bed-time.

23. Much better; the draught had procured several hours of refreshing sleep; the restlessness and cough were both abated.

24. Much the same.

25. Not quite so well; cough worse; pulse 100, and intermitting. No pain in the chest, or difficulty of breathing. The cough mixture was ordered to be taken freely. She continues to have two or three motions daily per anum, and the discharge from the groin is gradually decreasing.

26. Improving; pulse 86, and steady.

27. Much the same, but complaining of want of sleep; an anodyne draught was given, which produced refreshing sleep.

August 6.—Very much improved; healthy granulations appearing in the wound, which was in size much diminished; but for many months a slight discharge occasionally took place, having a fetid odour. It was nearly twelve months before it entirely ceased. The last time I saw the patient she was quite well.

The true pathology of this case I believe to have been, that from the first the tumor was caused by intestinal protrusion, and that the anterior portion of the gut had formed adhesions to the sac, thus preventing its entire return into the abdomen, while the posterior portion, being within the abdomen, left a space sufficiently large and free for the passage of the faeces. The exertion of raising the can of water to the head caused, in all probability, the protrusion of the whole calibre of the intestine, and hence the vomiting. The hernia being partially reduced, the vomiting ceased; the unreduced portion then became inflamed, and sloughing was the result.

I am not aware that any practical deductions can be drawn from these cases, except that, under very severe and discouraging circumstances, we

need not despair of effecting a cure, and also that we must not too readily conclude, that because the bowels are capable of evacuating their contents in cases of hernia, therefore the protrusion cannot be intestinal.

September 28, 1841.

## TREATMENT OF DYSMENORRHOEA.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—I read in your journal of last week some observations by Mr. Toogood on the painful and distressing affection, dysmenorrhœa, to which females living in a state of celibacy, and those who, when married, do not become parents, are more especially the subjects. Taking a physiological view of this affection, I believe it to be dependent most generally on a subacute inflammatory state of the uterus, more particularly of the internal lining membrane, and being a muscular organ, spasm is, as in most muscular organs so affected, a most distressing symptom: if the menses be copious, whereby the vessels are relieved of their congested and turgid condition, relief will ensue the more quickly. Attention to the bowels and secretions, with the use of saline purgatives, as sulphate of magnesia in solution with tinc. hyoscy. will often be found to be advantageous, for by these means we produce copious watery secretions, and unload the hæmorrhoidal and uterine vessels; anodyne fomentations should be used at the same time, and if the pain be severe, ten grains of Dover's powder, with two or three grains of calomel, will generally give prompt relief, if given prior to the saline aperient. Cupping and warm-baths are all beneficial in a degree.

Antispasmodics, especially if combined with opium, will afford temporary relief; but I believe, of all temporary remedies, a suppository of opium, introduced either in a liquid or solid form into the rectum or vagina, will be the most effectual in giving quick relief. A state of nausea kept up by antimony, I think, relieves, but is so unpleasant a remedy as to be seldom available.

In my own practice, I have made use of a combination of anodynes, as the following:—

Camphor, two scruples; extract of hyosciamus, and extract of poppy, of each one scruple; tartar emetic, one to three grains. Divide into twenty pills; two or three every second or fourth hour.

In obstinate chronic states, a judicious administration of mercury, so as gently to bring the system under its influence, is to be adopted. Blue pill or Plummer's pill may be added to the above formula. In many subjects, especially the robust and plethoric, a moderate abstraction of blood from the arm is to be recommended. Veratrine ointment, introduced by Dr. Bushnan, is not to be relied on in all cases, any more than belladonna applied under similar circumstances. I think we should take more general views of disease, and not expect the same remedies to avail alike in all cases of the same disease. The great varieties of constitution indicate a varied treatment. In the inflammatory habit, this disease will require a more antiphlogistic treatment. In the nervous temperament, anodynes will give the most efficient re-



lief, and in the more phlegmatic and chronic states, guaiacum with ammonia, and attention to the general health, will be the plan indicated. In cases of this affection, if promptly relieved, the medical attendant will be rewarded by the gratitude evinced on the part of the most interesting portion of the creation.

Your obedient servant,

WILLIAM WELTON.

Woodbridge, Suffolk, Oct. 3, 1841.

## PROVINCIAL

## MEDICAL & SURGICAL JOURNAL.

SATURDAY, OCTOBER 9, 1841.

THE advantages resulting from union of effort and division of labour, in the cultivation of the purely mechanical arts, have long since been appreciated; and the rapid advance in our manufactures, and the high state of efficiency, not to say perfection, to which many of the processes carried on in the several establishments have attained, are acknowledged to be mainly owing to these causes. Science, too, as well as art, has also experienced the benefit of the judicious application of the same principles, and it may be expected will continue to progress under their influence. The facts and details of science in general are daily accumulating, in a ratio proportionate to the increasing intelligence and numbers of its cultivators. The resources now brought to bear on every branch of knowledge, and the searching scrutiny to which each department is subjected, tend rapidly to the extension of the boundaries of the whole. The observations of former periods are confirmed or corrected, as the case may be. New materials are daily added to the store, and the accumulation is such, that neither the time nor the mental powers of any one individual, however zealous, industrious, or capable he may be, are sufficient for the examination and comprehension of even a moderate portion of what has been collected.

Hence the necessity for the separation into various departments, for purposes of convenience, of what in its nature is one and indivisible, has gradually become apparent. The powers of no one observer can pretend to compass the vast field of science which lies extended before us; it is, therefore, broken into portions, and these portions are separately cultivated by different individuals, some selecting one, some another, according to the peculiarities of taste or of circumstances, by which they may be influenced. The so-called philosophy of the ancients becomes, in these days, a term com-

prising many distinct grades: thus we have the metaphysician, or the philosopher of the mind—the mathematician—the natural philosopher—the natural historian—the physician. In science, therefore, as in art, division of labour has grown with the lapse of time, not by the narrowing of the mental powers, but by the extension of that whereon those powers are to be exercised. But each of the leading branches which we have indicated above requires still further division, and as in natural philosophy some devote their attention to, and manifest their intellectual powers, in the cultivation of physics, others in chemistry; as in natural history, different observers devote themselves to the examination and elucidation of special types of natural objects, of which man, considered in his varying condition of health or disease, forms the highest and most important,—so in this last pursuit still further divisions become necessary.

The utility of such division for practical purposes has been recognized by long-established custom, and becomes more apparent in every step of our progress in advance. But though division of labour is a principle of extreme importance, and one which has been acted on with the greatest advantage in science, as well as in art, union of effort is to the full as necessary for the attainment of useful ends. The combined agency of many hands is required for the production of one elaborate piece of mechanism; the united investigations of many inquirers are necessary for the elucidation of subjects of deep philosophical or scientific research. However the multiplicity of details may encumber a science, and seemingly cast insurmountable obstacles in the way of its acquirement, the daily increase of observations, and the classifying and arranging of these, lead to the establishment of laws and principles, which for the most part are few and simple, and, to be correct, must be in accordance with the harmony of creation,—must present nothing inconsistent with those of other departments of the great science of nature. The general principles of all science, and more especially, therefore, those of any individual branch, may thus be acquired by a person of competent and average ability, who may be desirous of attaining a knowledge of them. While, therefore, it is of advantage, that for practical purposes, and for the attainment of excellence in the working department, it is desirable that the attention of many observers should be directed to the accumulation and study of special facts, it is equally desirable that there should be other labourers employed in generalizing the observations of the pioneers of science, in reducing them to principles, and in developing the laws by which they are regulated.

The division of labour thus requires a combination of efforts and unity of purpose, to obtain its best effects. This is a point which has long been practically known in military and civil polity; it has been acted on in various mechanical arts; its importance is now beginning to be appreciated in the investigation of subjects of experimental research. The great associations for the advancement of science have no other object than the direction of the energies of the many into channels in which they may be most beneficially employed. In former times, the Royal Society was the one medium in this country for collecting and recording observation in all departments of science; we have now special societies devoted to many different branches and sub-branches, which severally have their annals and transactions to refer to, as evidence of the impetus given and the encouragement afforded to the special objects of research to which their attention is devoted. For the cultivation of the medical sciences many similar institutions have been founded, each of which either is, or has been, more or less useful.

The volumes published by the Royal Medical and Chirurgical Society, and the Provincial Medical and Surgical Association, may be especially adduced as evidences of the value of associated efforts. As a collection of essays, and cases on subjects of practical interest, the Transactions of the former of these societies are deservedly esteemed; those of the latter society, while they contain many practical essays equally valuable, and cases of disease equally instructive, are distinguished by the condensed summary which the annual retrospects, delivered at the anniversaries, afford of the progress of medicine and surgery, and by the important topographical papers and statistical reports, for which they afford so appropriate a medium of communication. It is scarcely necessary to point out the great interest which attends researches in medical topography and statistics; but as, unhappily for themselves and others, individuals are to be found, whose mental constitution is wilfully blind and perverse, and in whom experience and prejudice, or some worse qualities, maintain a perpetual struggle with the force of truth, it may be well to observe, that if we are ever to hope for a knowledge of the causes, and of the laws of the whole of that class of disease which are called endemic, of the effects upon other diseases, and upon human life and comfort, of the varied circumstances of soil, elevation, climate, habits and customs, occupation, &c., it is only through the medium of such inquiries as those referred to that we are likely to attain to it. No other institution that we are acquainted with affords either the same

facilities, or possesses the same means for carrying on important and elaborate inquiries of this nature, or for diffusing the information, when attained, as the Provincial Medical Association. Its influence is widely extended; its publications find their way into all parts of the United Kingdom, and we believe we might also add, of the Continent. The funds placed at the disposal of the association have been ever freely applied, when necessary, in the promotion of important medical inquiries. From motives of, we doubt not prudential, economy, the British Association for the advancement of science has lately refused to advance the small sum of fifteen pounds to enable the medical section of that association to undertake some special objects of investigation. With large funds at its disposal, this society was unable or unwilling, it matters not which, to devote this trifling portion of its income to medical purposes. Let the liberal expenditure on the part of the Provincial Association, in giving publicity to Mr. Ceeley's invaluable experiments on the vaccine, be contrasted with this very cautious economy of the sister association, and the eminent services which the Provincial Association has rendered to medical science, and to the interests of humanity, become at once apparent. The previous inquiries which had taken place into the subject of vaccination through the medium of the association, and the report of their committee drawn up by Dr. Baron, and afterwards published and circulated at considerable expense, were undoubtedly the chief cause of the enactment of the Vaccination Bill, a measure which, though imperfect in some points, and miserably mangled in its operation by those employed in working it, must yet be considered as a boon both to the profession and the general community. Any amelioration which has taken place in the mode of administering medical relief under the Poor-law—any change, whether of language or general conduct, which appears in the transactions of the commissioners with the union medical officers, are also to be attributed, in a great degree at least, to the active interference of the association, and the publication and circulation of the reports furnished from time to time by the zealous and intelligent committee appointed by them to superintend this branch of their proceedings.

There is, moreover, another point on which the association has claims of no ordinary magnitude on the profession at large, in which also the union of its numerous and intelligent members has enabled it to act with great effect. The medical profession had been plunged into a wretched and most distracted state by the interested practices of persons, hired to scatter discord through



its ranks. The mistrust engendered by the cowardly assaults of anonymous and irresponsible slander, by the attempt at filching, not the trash of lucre, but the good name of those who were systematically subjected to these assaults, had become widely spread in the metropolis, and but for the moral force opposed to the system by the association, would have rapidly extended its baneful effects to the provinces. We say that for the check given to these base practices, the profession is indebted to the moral force of the association. Neither the open and fearless manner in which, at one of its early meetings, Mr. Crosse of Norwich exposed the calumnies and denounced the system, nor the manner in which this act of self-devotion on his part was responded to by the numerous influential body then assembled, will readily be forgotten. The members of the association need not be told that Mr. Crosse, as well as the society, became, from that period, marked objects of attack. The weapon, however, was blunted and its force broken; the unprincipled attacks from that time unsparingly and recklessly made, failed of their effect, and the association prospered, in defiance of every misrepresentation and falsehood which were thrown out against it. The history of these transactions is highly instructive; the shifting and doubling displayed in the attacks, the utter disregard to truth in the statements advanced, the varied arts by which it was attempted to lower and injure the association in general estimation, are worthy of exposure. Possibly, should occasion call for it, we may be tempted to recur to these proceedings more fully. At present, however, it suffices to point out the claims of the association to the estimation of the profession, as a powerful instrument for good, as a means not only of advancing knowledge, but also of supporting the respectability and honour of its members, and of maintaining that union which alone constitutes strength.

## CLINICAL OBSERVATIONS ON STAMMERING.

By M. AMUSSAT.

M. AMUSSAT, one of the first surgeons who practised in France the operation for the cure of stammer, has recently delivered his opinions on this subject before a number of French and foreign medical men, amongst whom were MM. Textor, Jaeger, Starck, Dr. Ollivé, &c.

After having shown that it was now generally admitted, both in France and foreign countries, that the operation should be abandoned, M. Amussat pointed out the reason of this, and attributed it not only to the danger of the operation, but chiefly to the fact of the return of the impediment after operation. His principal object, on the

present occasion, was to restore the confidence of medical men, by showing that the causes of relapse might be obviated.

The operation of M. Amussat consists in dividing certain membranous or muscular attachments of the tongue to the lower jaw; this operation is almost always immediately successful in the first instance; but as the parts become healed, the stammer generally returns, and hence the discredit into which the operation has fallen. But it seemed to M. Amussat that great benefit might be attained by preventing the reunion of the divided tissues, and, after various attempts, he thinks that he has attained his object, and thus rendered the operation much more certain in its results.

M. Amussat was led to his present ideas by reflecting on what takes place in cases where the meatus urinarius has been enlarged. For example, when the meatus has been enlarged by division of the glans penis, the divided parts have a strong tendency to unite, in spite of the passage of urine, or the introduction of the largest bougies. But if the surgeon counteracts this tendency by lightly cauterising the inferior angle of the wound, or simply by destroying from time to time the cicatrix, the edges of the wound are covered with a pellicle, granulations spring up, and the orifice remains dilated. This principle M. Amussat has applied to the operation for stammer. The following is an example:—

— Morton, 25 years of age, stammers in a very great degree, with contortion of the muscles of the face. The father of this patient also laboured under an impediment of speech, and two of his brothers likewise. The tongue deviates slightly towards the left side, and is with difficulty brought up towards the nose; he cannot touch the arch of the palate with it; the frenum is large, and becomes very tense whenever the tongue is raised.

On the 22nd of May, M. Amussat performed the following operation:—The tongue being elevated, he commenced by extirpating the frenum altogether, with the scissors. This produced considerable improvement in the power of speaking; it was, however, thought prudent to remove the fibrous sheath of the muscles, in order to give them full liberty of action; the patient now spoke, almost without hesitation, and the distortion of the countenance had disappeared. This satisfactory state continued until the cicatrisation of the wounds was nearly complete; the stammer now returned, and though it was less severe, still was enough to constitute a complete relapse: on examining the tongue, it was evident that the frenum had been replaced by a firm cicatrix, which offered an equal obstacle to the free motions of the tongue. M. Amussat was desirous of immediately applying, in this case, the principle already alluded to, but as he had not definitively settled on the mode of preventing cicatrisation, he resolved to defer it to another occasion.

On the 27th of August, the state of the patient was again examined; he now stammered as much as before, but the impediment was unattended with contortion of the muscles of the face. M. Amussat divided, by a semi-circular incision behind the lower jaw, the attachment of the frenum and membranous parts immediately below it, down to the genio-glossi muscles. The improvement in speaking was at once evident. The patient was

now regularly visited every two days; M. Amussat frequently resected the edges of the wound, so as to prevent the formation of a cicatrix. By this means, and by placing a piece of charpie, supported by a leaden compress, between the edges of the wound, cicatrisation was prevented, and a considerable space obtained between the insertion of the frenum and the jaw. The improvement of this patient is every day more and more evident, and M. Amussat hopes that he will eventually obtain a radical cure. Several other cases of a similar kind are related by M. Amussat, but as sufficient time to determine the reality of the cure has not elapsed, we abstain from noticing them here.

M. Amussat insists particularly on the point, that relapses after the operation for stammer chiefly occur in consequence of the reunion of the parts which have been divided; it is very difficult to prevent this union by the ordinary means. The principle on which M. Amussat endeavours to impede immediate cicatrisation has been already pointed out; the slight union which takes place by the second or third day after the operation, may be destroyed by pushing back the tongue, &c., breaking up the soft membrane which unites the edges of the wound; but it will be found more simple and sure to pass a cutting instrument between the edges, and then introduce the end of the little finger to search for any bands or adhesions that may have been formed; the mouth having been washed out, a small piece of lint, bound in the middle with a thread, is now introduced to the bottom of the wound; the thread is drawn out between the teeth, and the whole supported by a leaden compress; the latter bears the form of the lower jaw on which it is moulded. It is absolutely necessary to attend to these circumstances, if we desire the cure to be permanent; for the stammer must return if the divided parts become united.—*Gazette des Hôpitaux*, No. 114.

## BENEVOLENT FUNDS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—In transmitting, through you, the amount of my subscription to the Medical and Surgical Association, I take the opportunity of making a few observations upon one or two points connected with that association, which from time to time have claimed my attention. I must apologise for giving you this trouble, at the same time it leads me to remark, that as we have now so convenient an organ of communication with each other in your excellent journal, and as facilities of postage are equally favourable to the plan, it would lessen the labour of the secretaries, if you were annually to publish a list of those subscribers who have, as well as those who have not, paid up their subscriptions. In this way the whole statement might be brought at once before every member, and the annual period for payment might be concentrated within a given time, the Transactions and Weekly Journal being withheld in all those cases where the subscriptions have not been forwarded at the time appointed.

I also avail myself of this opportunity of conveying to the Benevolent Fund my mite of sup-

port, which I am anxious should be considered as an annual subscription. I cannot, however, let the occasion pass in silence, so anxious I am to relieve the distressing difficulties which surround so many of my poorer professional brethren. The important fact made known at the York meeting, by Mr. Newnham of Farnham, that nearly one-half of the subscriptions and donations of the past year were those of two individuals, is one that ought not to pass by unnoticed. Whatever may be the multifarious causes which have been, and are still, operating to depress the general practitioners of this country, a body of men, whom Dr. Caspar's tables show, have their lives shortened, and their comforts entrenched upon, to so fearful an extent as to have no parallel, it appears to me there is no subject before the association of more paramount importance, or requiring more urgent attention. Surely, to avert such an evil as this, the great energy of the association ought to be directed, and no way is better calculated to lessen the demands upon the Benevolent Fund than by endeavouring to remove those difficulties which arise out of our legally unprotected state. But it is to relieve present difficulties that the utility of a benevolent fund is more especially apparent, and when all has been done to remove the causes now operating unfavourably upon the prospects of the general practitioner, there must yet remain a large number of persons who may be called the legitimate claimants of the fund; such are those who have become impoverished by accidents or disease. It is impossible to look over the list of those who have enrolled themselves members of this association, comprising a body of some thirteen hundred of the medical profession, without seeing there many names of professional brothers, whose long and successful career has placed them in positions of affluence and honour. These are the individuals who ought to have been seen heading a list of liberal donations, in order to accumulate, in the first instance, a fund sufficiently large to meet the most pressing demands, and which will take years of five shilling subscriptions to collect.

In former times, if we gather our information from the classics, the profession stood at an elevation infinitely higher than it does at present. "In nulla re propius homines accedunt ad deos, quam salutem hominibus dando." If in the days of Cicero we took so high a station in the estimation of our fellow-creatures, we ought at least, in the nineteenth century, to try to take our rank among men. Can this be the case while we make such a deplorable disclosure, that out of thirteen hundred men of all ranks of a profession that ought to stand high, if education and wealth will place them there, not two hundred pounds could be scraped together for the purpose of relieving our distressed brethren? Are we entitled to the rank we claim among men, while we allow butchers and fishmongers, and almost every other description of tradesmen, to form themselves into rich companies for mutual aid?—to build and endow almshouses, to educate the children of their poorer brothers in the trade, and to bestow their abilities and their money upon other charitable purposes in connexion with their business?

But space will not allow me to say more upon this point, as I wish to add a few words upon the subject of other evils which are closely connected



with that I have been alluding to, and which, while they are suffered to operate, are contributing to create, instead of remove, the pressure upon the poorer members of the profession.

Much has been said about the illegal practices of druggists, which for so many years have been permitted to continue, to the great annoyance and injury of the practitioner. And certainly there cannot be in any country, however uncivilised, a more arbitrary or a more unjust law than that which obliges a man, under a penalty, to lay out his time and money in obtaining a certain knowledge for the benefit of his fellow-creatures, and yet offers no effectual means to prevent the breach of that law by hundreds of insolent charlatans.

We have mentioned one way in which the citadel of the general practitioner is assailed, which is from without; and all who are informed upon military matters know well, that for such assailants to become finally victorious, they must bear some relation to the force and dexterity that is within. The druggist, therefore, while he is opposed to the skill and intelligence of the able, well-educated practitioner, can never make any very serious breach, much less take matters by storm. But there is another way in which the citadel of the general practitioner is also assailed, and this is from within. If it were to be carried by such means, and the whole population of medical practitioners were taken prisoners, no one could be surprised, however weak the assailants. It would not be the first wooden horse that had unfairly taken possession, by stratagem, of that which it could not take by force. No druggist can ever do the general practitioner so much harm as those physicians who, from motives of false charity and real selfishness, condescend to visit their patients three or four times for the same fee. These men virtually attend as general practitioners, while they have a higher claim upon the public, which almost proverbially attaches itself to the title of M.D. What is this but taking the hard earnings out of the hands of the helpless general practitioner, who, in hundred of instances, is a man with good abilities, but with neither money nor connexion to ward off the blow? This is one of the great evils that ought to be removed by legislation. Let the great stars of our profession be brought under the influence of permanent and efficient laws, let them be made to keep to their proper orbit, and not "shoot madly from their sphere," and then the little stars will not exhibit that unnatural and anomalous appearance of having been created in vain.

But, gentlemen, the wooden horse is not filled entirely with physicians, there are other Greeks whose conduct ought to be animadverted upon, in defending the rights of the general practitioner. There are many men in the profession, who are in general practice, and who, in those cases where they think their superiority, in years only, will act favourably upon themselves, do not hesitate to meet their junior brothers in consultation. Many of this class of men will never meet, in their own practice, any but a physician in consultation. The way in which this selfish conduct acts upon the junior or less prosperous members is most distressing. I know an old gentleman eighty-three years of age, and who had not a short time since one shilling in his pocket to provide for his support, whose practice, I firmly believe, was in the first instance irrecoverably injured, in consequence of

his having unwarily called in one of these professional brothers who lived in a neighbouring town.

But I have already occupied much of your time, and the proverb tells us, "A word to the wise is enough." Trusting that these abuses will not escape the sword of justice which you have so ably begun to wield,

I remain your obedient servant,

C. M. BURNETT.

Alton, September 21, 1841.

[We have to acknowledge the receipt of Mr. Burnett's subscription to the Provincial Association, and of his donation of one guinea to the Benevolent Fund.—Eds.]

## PROVINCIAL SCHOOLS OF MEDICINE.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—In your journal of to-day I observe some remarks relative to the various provincial schools of medicine; and you also state that you trust your next\* number will contain a more particular and complete account. I hope you will at the same time favour your readers with your views on provincial schools generally. In my opinion, it is desirable that they should be established in all places where they are likely to be tolerably successful, as, besides the unquestionable advantage which pupils, residing near, derive from them, they also give a scientific character to the professional teachers connected with them, and operate as inducements to the medical men to keep up that acquaintance with the minutiae of the profession, which, without some such stimulus, they are of course apt to neglect. May I request the favour of your stating what in your estimation is the sum required to conduct a provincial school, the number of pupils at certain fees necessary to support it, and the situations in which you consider such institutions might be established?

Mr. Dodd, in the talented retrospective address delivered at Southampton in July, 1840, says, (page 110)—"How greatly are the times now altered, since the metropolis was considered as the monopoliser of all surgical talent?" "Perhaps no change in our profession, among the rapid movements of the last fifty years, is more striking than the alteration in the character of the country surgeon. From the mere apothecary, little better than the empirical prescriber of the drugs he sells, he now takes the rank of a scientific cultivator of his profession. The establishment of provincial hospitals in all parts of the kingdom has doubtless been one of the principal means of elevating his character, and he now glories in his position, in the same rank with a Hey, a Hodgson, and a Parke. May their example be our stimulus, and a portion of their honours, however small, our reward." May I not add, that the establishment of provincial schools of medicine in all parts of the kingdom, whenever practicable, would still further elevate the character of the country practitioner, for in teaching others he must necessarily extend his own information?

I am, Gentlemen,

Your obedient servant,

CHIRURGUS.

Worcester, Oct. 2, 1841.

\* Next Students' Number.

## PREPARATIONS OF THE PROTO-IODURET OF IRON.

In a late number we published an interesting memoir, by M. Dupasquier, on the preparations of the proto-ioduret of iron. M. Felix Boudet has made some experiments on the same subject, and shown that the formulæ of M. Dupasquier are inconvenient; he therefore proposes the following as a substitute.

### Official solution.

Pure iodine . . .	8½ scruples.
Iron filings . . .	4 do.
Distilled water . . .	40 do.
Fine white sugar . . .	55 do.
Gum arabic, in powder . . .	8 do.

Place the iodine, with 30 scruples of water, in a glass crucible, and add the filings gradually, taking care to agitate the mixture constantly; apply gentle heat until the fluid becomes nearly clear, and filter over an iron capsule containing the sugar; with the remaining ten scruples of water work the filter, and then dissolve the gum in it; place this also in the capsule, and evaporate until 100 scruples of colourless fluid remains; this will contain 10 scruples of pure proto-ioduret of iron.

When this solution is kept in a closely-stopped bottle, constantly full, it will keep for an indefinite length of time without the slightest alteration; when partly full and often opened, the surface of the fluid becomes slightly coloured after a few days, but this has little or no effect on the value of the preparation. With this preparation we can easily compose any prescription having for its base the proto-ioduret of mercury. Thus, if we wish to add 4, 6, 8, or 10 grains of the proto-ioduret to any mixture, we have only to order 2, 3, 4, or 5 scruples of the official solution.

A syrup of the proto-ioduret may be made in the following manner:—

Official solution . . .	20 scruples.
Syrup of gum . . .	220 do.
Syrup of orange flowers . . .	60 do.

Mix: thirty scruples of this syrup contain four grains of the ioduret of iron.—*Bul. de Therap.*

## EXTRACT OF OPIUM WITHOUT NARCOTINE.

At a recent meeting of the French Pharmaceutical Society, M. Limousin-Lamotte described the following method of obtaining an extract of opium without narcotine. The extract is first dissolved in as much rain water as will give it the consistence of syrup, and a proportion of pitch resin, equal to one-fourth of the extract, added. The mixture is now boiled and agitated for about ten minutes; it is then allowed to cool, the resinous deposit is removed, and the residue evaporated to an extract. The latter is thus deprived of the narcotine, and besides contains less resinous and other matter.

## LOCAL TREATMENT OF NEURALGIA.

DR. MUSSET, who has suffered under very violent attacks of neuralgia, speaks in the highest terms of the following application.

Watery extract of opium, eight scruples; decoction of mallows, one thousand scruples.

A flannel is to be steeped in this fluid, at a high temperature, and placed round the painful part, the whole being covered with oil-cloth; the application may be renewed after a few hours if necessary.—*Journal des Con. Med. Chir.*, No. 12.

## YELLOW FEVER.

THE journals arrived from New Orleans, and bearing date August 20, announce that the yellow fever was making alarming progress in that city. During the last twenty-four hours four deaths had occurred; in the faubourg Lafayette ten deaths had taken place within twenty-four hours.—*French Paper.*

## ROYAL COLLEGE OF SURGEONS IN LONDON.

*List of Gentlemen admitted Members on Friday, October 1, 1841.*—Edmund Colchester, Edmund Metcalfe, Charles Horton, Francis Robert Stradling, James Alfred Stamford, John Thomas, Nicholas Lipscomb, Edward D'Auvergne, James Lord, William George Goldin, Charles Henry Morrison, Edward Seppings.

## TO CORRESPONDENTS.

The letters from Dr. Stocker and from a member at Bradford have been received.

The publisher of the *PROVINCIAL JOURNAL* begs to inform gentlemen desirous of completing their sets, that a new and improved series, containing Sir A. Cooper's papers, &c., commenced with the present volume, April 3, 1841. The back numbers from this period may be obtained through the medium of any bookseller or newsman in town or country.

*Notice to Subscribers.*—The close of the first year.

Gentlemen desirous of continuing to have the *Provincial Medical and Surgical Journal* sent direct from the office by post, are respectfully reminded that the terms of subscription are *payment in advance*, viz. for a year, 30s., for six months, 15s., which can be remitted to the office, No. 6, Wellington-street, by a Post-office order. May be had, *unstamped*, of all Booksellers and Newsvenders in the United Kingdom.

Letters and communications should be addressed to *Dr. Hennis Green*, 58, Margaret Street, Cavendish Square. Letters connected with the Provincial Association may be addressed to *Dr. Streeten*, Foregate Street, Worcester.

Printed by THOMAS IBOTSON, of 105, St. Martin's Lane, in the Parish of St. Martin in the Fields, and GEORGE JOSIAH PALMER, of 20, Regent Square, in the Parish of St. Pancras, at their Office, No. 3, Savoy-street, Strand, in the Precinct of the Savoy; and published by JOHN WILLIAMS RUMSEY, at his Residence, No. 6, Wellington-street, Strand, in the Precinct of the Savoy.—Friday, October 8, 1841.



# PROVINCIAL MEDICAL & SURGICAL JOURNAL.

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## INTRODUCTORY LECTURE,

DELIVERED AT THE

## OPENING OF THE MANCHESTER SCHOOL OF MEDICINE,

October 3, 1841.

By Dr. J. L. BARDSLEY.

GENTLEMEN,—I appear before you, on this occasion, with no ordinary feelings of embarrassment—an embarrassment, arising not only from the natural anxiety felt by every one in the discharge of a duty like the present, but also from a conviction of the difficulty of communicating anything like interest to a subject so entirely exhausted, as a review of the general qualifications and duties of a medical student; which review, of course, must at all times furnish the principal material for a lecture introductory to the commencement of a medical session. Having, however, been requested by my colleagues to undertake the performance of this task, I have, from a sense of duty, waived any objections to it which I might otherwise have entertained. Many of you, gentlemen, who appear here this day, can hardly as yet be said to have commenced (properly speaking) your professional education. Your studies hitherto, I take it for granted, have been chiefly directed to literature, and to the natural sciences; and indeed, it is of the highest importance that this should have been the case, because, without such a preliminary mental culture, it will be impossible for you properly to appreciate the various branches of medical science, and impossible also for you to obtain that position in society so essential to your personal respectability, and to success in your profession. And here, gentlemen, may be the proper place for stating to you what are my own sentiments respecting the amount of preliminary education suitable for those embarking in the pursuit of medicine. I candidly confess, gentlemen, for my own part, that I am not one of those who would fix the standard of this education so very high. It is necessary for us to take into account the actual circumstances of the great majority of those who do enter, or are likely hereafter to enter, our profession, when we attempt to fix a rule of qualification that is to apply to all. We should not confound that which it is well for the student to know, with that which it is indispensable he should know. Indeed, I very much fear, that by overrating the requirements of the medical student, we tend rather to discourage his exertions than to stimulate his zeal and activity. An extensive knowledge of languages, and a profound acquaintance with the mathematical and the physical sciences, very much dignify, certainly, the happy individual who is gifted enough to have attained such intellectual eminence, probably before he is twenty;

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but, gentlemen, most assuredly you may become intelligent and practically useful physicians and surgeons with a less amount of general information. Do not mistake me, however. It is by no means my wish to decry the importance of extensive and varied acquirements in the medical student; but it is my desire to disabuse your minds of any erroneous notions which you may have formed with respect to the direct bearing of these upon your future studies.

Now, gentlemen, having said thus much with the purpose of reconciling you in some measure to your own deficiencies, (understanding by this term whatever you may fall short of the ideal standard which books and introductory lectures but too often raise up,) it becomes my duty to put you in possession of what I believe to be really and essentially requisite, in order that you may advantageously engage in medical study, with the fair hope of hereafter becoming useful and successful practitioners. And, in the first instance, I must caution you against that too prevalent error, on the other hand, of estimating the amount of necessary acquirement according to the examinations you will have to undergo, rather than according to its relation to your future standing as medical men. I admit that these examinations must, of course, occasion you considerable anxiety; but, nevertheless, look beyond them, and be assured that your success in passing the required ordeal will never be endangered by any proceeding which a sound judgment must approve.

I hope then, gentlemen, that all of you who are now on the threshold of your medical studies have received a solid instruction in the history and literature of your own country, some knowledge of mathematics, and an acquaintance with the French and Latin languages. It would be an insult to your understandings for me to enter into any detail of reasons why you should be sound English scholars, because at the present day no one with any pretensions to respectability would suppose that he could dispense with this qualification, much less one proposing to himself to become a member of a learned profession. There is one consideration, gentlemen, however, which I think it well to suggest to you. I allude to the expectation generally entertained that, in this age of periodicals, societies, and associations, whatever of interest or value occurs in the practice of individuals shall, in some way or another, be communicated to the profession generally, or to the particular medical sphere in which each may move. How shall you, however, realize this expectation with any credit to yourselves, or profit to your brethren, unless you be qualified, by a competent knowledge of your own language, to express yourselves correctly in writing?

As to the mathematics, a moderate acquaintance with arithmetic will be all that is absolutely needful; but some knowledge of algebra, and of the higher branches of this science, you would

find many opportunities of usefully applying. I have no hesitation in saying, that any one who is ignorant of the French language will be entirely deprived of the facility of acquainting himself thoroughly with the medical profession, because our brethren in France have opportunities of prosecuting the study of morbid anatomy, the true basis of medical science, to an extent I believe greater than those afforded by any other country. Having such opportunities, they have most diligently turned them to account, and there is scarcely a department in pathology which has not received elucidation and its best illustrations from their labours. And depend upon it, gentlemen, that if you cannot read French, you will never properly understand what they have done. It is true that you may obtain some acquaintance with their writings from occasional translations of quotations in reviews, and, in some instances, of entire works; but any information acquired in this way will seldom be clear and distinct to your own minds, and of a permanent nature. The actual utility of classical literature in the study of medicine, I take to be much less than is generally imagined; but, nevertheless, Latin, under present circumstances, you must know; because, in the first place, your proficiency in that language will be tested in your future examinations, this being pretty generally regarded as a fair mode of judging of the previous literary education of the examinee. Again, as it is the prevailing custom to write medical prescriptions in Latin, you are of course arrested at the very onset, if you be in ignorance of that tongue; besides, medical phraseology is to so great an extent made up of Latinisms, that it would be scarcely possible to understand any portion of the literature of your profession, if you were deficient in this regard. Those of you, however, who are ambitious of standing before the world as accomplished physicians and surgeons, must add to what I have just specified as necessary, a good knowledge of the German and Italian languages, and also of Greek; but those of you at present unacquainted with these latter branches, had better abandon all thoughts of them until the completion of your medical studies. In order to the correct appreciation of several departments of physiology, as of the eye and of the ear, for example; as, also, for the proper comprehension of the other divisions of medical science, it is necessary that you should be familiar with the leading principles of optics, acoustics, and mechanics. I do not mean, gentlemen, that you need be profound in these sciences,—that may be the work of a life; but I do hold, that you cannot satisfactorily commence the study of your profession without a certain amount of information upon these subjects—such an amount, probably, as a youth of fair average capacity might obtain from twice perusing, attentively, some such work as Arnott's *Elements of Physics*.

Having, gentlemen, said thus much with respect to your studies and acquirements anterior to your engagement in medical pursuits, I shall proceed to bring under your notice certain considerations intended to impress you with the relative importance of the various branches of science which must occupy your attention in the progress of this and ensuing sessions. And allow me, before advancing further, to suggest to you, in the first instance,

the imperative necessity of your ever bearing in mind that the ultimate end and term of all your anxieties,—all your exertions and labours, is the acquirement of a knowledge of the practical duties of your profession. For the management and cure of disease constitute the special vocation of every medical man, whatever may be the particular department in which he may engage. It is true, that a considerable portion of your time must, for a certain period, be devoted to anatomical and physiological pursuits, that chemistry and some other collateral branches of medical science must, in their main principles at least, be mastered by you; but, still, it must ever be borne in mind that these are chiefly valuable inasmuch as they are essential to a right understanding of disease, and of a proper application of its remedies. I know well that I here only repeat a thrice-told tale—that I only repeat a truism with which many of you may be familiar; but, nevertheless, in the practical bearings of this truism there are many matters which cannot be too frequently impressed upon your attention. I shall, therefore, endeavour, by a few illustrations, to exhibit the guidance which this ought to afford to you in the further progress of your studies.

One of the subjects which will very properly receive a large share of your attention is *anatomy*, and how zealously and eagerly does the industrious student enter upon this pursuit; but, herein, the check of sober reflection must occasionally interfere; for I hesitate not to state, that even in the cultivation of this, the basis and ground-work, and *sine qua non* of our whole art and science, the main design of the whole is sometimes forgotten. Often have I known the well-informed, the acute, and well-intentioned student, inflamed with an ardent enthusiasm for anatomical knowledge, consume too large a share of the limited period ordinarily devoted to the learning of the elements of his profession, in making preparations, in tracing out the minute ramifications of every little artery or nerve, and all this, without the slightest consideration of a practical application of the same. Do not mistake me, gentlemen. It is far from my intention to undervalue anatomical acquirements, or to discourage you in the pursuit thereof; on the contrary, perfectly coinciding with all that my friend Mr. Turner may urge in commendation of his favourite department, I am sure that he will agree with me in my exhortations to you to bear in mind that you must attend to anatomy, not for the mere purpose of being anatomists, but that you may in your future practice be acquainted with the relations of the various parts of the human body to the phenomena of life, and to the departure of those from the normal standard, so that you shall be in a condition to form a proper diagnosis of disease, and to select and apply the appropriate treatment. In a word, anatomy, as the foundation of all that is scientific in medicine, must receive a careful and solid attention; but, in your anxiety about the basis, you must never lose sight of the superstructure. The same view will hold good, and the same cautions must be observed in the attention which it will be your duty to bestow upon the various striking phenomena which the science of *physiology* unfolds. This science, as you are doubtless aware, is that which explains the functions, or the duties performed by the several structures of which the human body is composed; and



in the wide range which this field of inquiry opens, a large amount of important and interesting facts is afforded, and yours must be the care to exercise a proper judgment and discrimination in the selection of matter for permanent recollection. In order that you may become sound and intelligent practitioners, it will not be necessary that you have your memories charged with all the experiments and reasonings of Magendie, Bell, Dutrochet, Mayo, Ehrenberg, Müller, Bellingeri, and other luminaries in this department, but with the leading principles of all that is positive and determinate in physiology you must acquaint yourselves. You must, for example, understand well the ascertained laws of the circulation of the blood, of the functions of the viscera, and of the brain and spinal cord, and also the main facts which establish the prevailing doctrines on these points; and this, not merely because they are curious and improving to your minds, but because, without such information, you never can properly understand the phenomena of disease; if you are not familiar with the normal condition of the human body, you cannot say what constitutes its abnormal state, which is disease. Study physiology, then, gentlemen, but never lose sight of the principal reasons recommendatory thereof.

The science of *chemistry* holds out attractions so abundant and varied, that many students are in some danger of being so allured by these, as to neglect and lose sight of the intention of the directors of medical education, in ordaining that chemical knowledge shall be included therein. With what object, then, has chemistry been recommended to your attention? why, mainly, that you may be enabled to understand the nature of those substances which, as medicines, you will be called upon to administer in the treatment of disease. The chemical properties of the various articles used in pharmacy, the general laws of their combinations, the nature of chemical affinity; how, for example, substances under certain circumstances acquire totally different powers of operation upon the animal economy;—all this, absolutely essential to the intelligent and conscientious practitioner, is quite inappreciable and incomprehensible without a certain familiarity with the fundamental principles of *chemistry*. But it is not desirable that at present, at least, you should devote any exclusive or all-absorbing attention to that subject—that you should construct a chemical laboratory, and bestow your days and your nights in the repetition of chemical experiments; but it will be quite sufficient for you to understand the great laws of this science, and to be somewhat familiar with the details of most that actually relates to matters in direct connexion with the practice of your profession; and if any of you feel a special vocation to the elaborate pursuit of chemistry, let this be neglected until the completion of those studies which are more strictly medical.

It is of the highest moment that *materia medica* receive a considerable share of your time and diligent application, because, herein, we have included a species of knowledge which you will be constantly required to exercise, and without which, in your future practice, it is impossible for you to move one step. I must regret, that students in general attach sadly too small an importance to this division of their labours. Often do we hear this subject proscribed as dry, uninteresting,

and tedious in its details, and as furnishing no proper material capable of interesting the intelligent mind. But yet, gentlemen, I can assure you that this is a most erroneous mode of thinking, as will be shown by a very slight consideration of the objects embraced by *materia medica*: these are the various substances used in medicine, derived from the three great kingdoms of nature, the animal, vegetable, and mineral—a knowledge of their various properties, of the mode of their administration in disease, and of their general effects upon the animal economy; these matters, you will perceive, allow abundant scope for intellectual activity. If by *materia medica* you understand a mere learning by heart the names of drugs, their sources, their average doses, and so on, I grant you that this subject constitutes but a dry sort of study; but when you combine this detailed information with the higher views to which I have just alluded, you will see ample reason to agree with me that *materia medica*, properly regarded, forms one of the most important and even interesting points of your medical education. Having for a period of thirteen years been entrusted with the duty of teaching in this department at this school, you will, I am sure, give me credit for some capability of forming a judgment upon the nature of this study, and of its just claims to your sedulous attention.

Thus, gentlemen, it is obvious, on a moment's reflection, that the sciences of anatomy and physiology, chemistry and *materia medica*, furnish the materials by whose aid the student is in a condition to observe and understand the phenomena of disease, and its modes of management; and without which aid no correct appreciation of the practice of medicine can take place; for which reason, the corporate bodies presiding over medical education have very wisely determined that an attendance upon at least one course of lectures upon each of these subjects shall precede the course upon practical medicine.

Pathology and morbid anatomy are to disease what physiology and anatomy are to the normal condition of the body; and hence you see that, without a previous possession of the latter knowledge, the former never can be properly or advantageously obtained; and without a due acquaintance with chemistry and *materia medica*, therapeutics, or the employment of the means for promoting the cure of disease, can never be safely exercised. You will have perceived, from what I have before advanced, that no one is more disposed than myself to attach a high value to anatomy, physiology, and the collateral departments of medicine in general; still I am desirous that you should never lose sight of the great fact, that these, however essential to the comprehension, do not teach disease. Thus, for example, a minute anatomist or learned physiologist may constitute but an indifferent practitioner, for, after all the accessory knowledge shall have been acquired, still it is indispensable that the sick should be personally visited and examined, that the properties and modes of action of remedies should be carefully watched, and that the progress of symptoms during life, and the morbid changes of organization after death, should be diligently explored.

Having thus attempted to set before you the relative importance properly to be attached to the various subjects which will have to engage your



attention in the progress of your studies, I am anxious to make a few observations respecting that pursuit which must be paramount to every other, that which embodies in itself the application of all your accessory knowledge,—I allude to the investigation of disease at the bed-side of the patient, in other words, to *clinical medicine*, as it is technically called.

Well then, gentlemen, after you have obtained a general knowledge of descriptive and structural anatomy, of physiology, chemistry, and the *materia medica*, you will be in a condition profitably to study disease as it exists in nature. For this purpose, let me beg of you to let nothing interfere with your attendance upon hospital practice, for depend upon it that it is upon information acquired in this way alone that you can advantageously build in your future career. I much regret that the ample opportunities for practical improvement afforded by our hospitals are but too often lost upon students, and, in many instances, not from any wilful neglect on their own part, but purely from the erroneous mode in which their observations are conducted. And when this is the case, no wonder that young men should proclaim that the importance of witnessing hospital practice is much overrated, having themselves had their anticipations of profit therefrom grievously disappointed. But, gentlemen, the cause of this disappointment is with themselves. If, in your walks through the hospital, you adopt an irregular system of observation; if, for example, you note symptoms only in one patient, treatment merely in another, and morbid appearances after death in cases never seen by you during life, then, indeed, much of the benefit fairly deducible from hospital attendance will assuredly be lost, and you, too, may experience a somewhat similar feeling. In order that you should receive the full amount of good from your clinical studies, it will be requisite that you fix your attention upon particular cases which you may select as examples of certain forms of disease; the symptoms of these you should closely watch from day to day, comparing what you see with the descriptions which books and lectures afford. The effects of various modes of treatment, too, must be traced upon those patients whose cases have been rendered available for the study of symptoms; and it would be well if, in some of the more remarkable instances, notes were taken, which you might afterwards contrast with the morbid appearances observed after death, in the event of a fatal termination. Thus, should you, in the progress of a *post-mortem* examination, discover a highly injected state of the minute vessels of the cerebral substance, you might refer to your notes to ascertain if any derangement in the functions of the brain had been remarked during life, which you could connect with the lesion in question, and so on throughout the investigation. Clinical study thus pursued leads to results of a permanent character; knowledge thus obtained will seldom be lost; trains of reflection will arise during its acquirement, not only advantageous in themselves, but eminently conducive to that independence of thought, so essential to the successful and the judicious practitioner.

In order to facilitate this pursuit, the time of lectures and your other routine duties have been so arranged in this and in other schools, as to afford ample opportunities for attendance at the hospital.

It will be seen, gentlemen, on consulting the history of our profession, that the success of nearly all its distinguished members has originated in their constant devotion to the bed-side of the patient. It is true, that, in some instances, charlatanism, eccentricity, or the mere fashion of the day, may usurp the position properly due to character and talent, combined with industry and assiduity in the investigation of disease; but, depend upon it, these do not form the rule, but the exception, and it is because of their comparative rarity that they become the more noticed. Moreover, distinction in the profession, properly speaking, can only be obtained by a close and persevering study of disease as it is actually witnessed in patients. What was it that gave renown to those lights of our profession, Sydenham, Boerhaave, Heberden, Cullen, Baillie, Abernethy, and Cooper? Why, it was the devoted application of their powerful minds to the practical investigation of disease, and all its related circumstances. Eminence, certainly, may be obtained in the collateral departments of medical science, without any very persevering attention to clinical pursuits; but then it must be remembered that such eminence is not, strictly speaking, *medical*. Indeed, attendance upon and careful examination of patients at the bed-side is not only useful with respect to its immediate result, the addition to your own knowledge, but, it is highly important to you, inasmuch as it initiates you in that habit of mind absolutely necessary to your right progress hereafter. For the whole life of a medical man, who is engaged in practice, must, if he do justice to those who confide in his professional skill, be passed in fulfilment of the duties of a clinical student.

I have thus, gentlemen, endeavoured to give you certain general notions respecting the character and amount of preliminary education, which I deem to be desirable for medical students to possess, and have, further, cursorily passed in review the various subjects that must engage their attention in the prosecution of that course of study prescribed by the examining boards of these kingdoms; and, as some who now hear me may be near the termination of their student's career, and will shortly have to embark in actual practice, it may not be improper for me here to throw out a few hints respecting the conduct to be pursued in this eventful period of every young man's history. Now, gentlemen, it is of the highest consideration that you start in the world with an inflexible determination to maintain an integrity and uprightness of moral character. This, indeed, is a principle which, of course, must apply to every one, whatever be his vocation in life; but, nevertheless, there are reasons of no mean moment which render it of especial application to the medical man. It is imperative that he be sober and temperate, regular and diligent in all his habits, and, above all, that he be a stranger to those vices which distinguish the libertine. The fulfilment of these duties, common to mankind at large, is demanded from the medical man in a particular manner, because of the remarkably delicate position in which he is placed with respect to those whose sufferings compel them to confide in his purity, whilst they appeal to his skill. Further, it must be borne in mind, that as the full measure of success in our profession is but seldom attained until a somewhat advanced period of life, a constitution impaired by



the vices of youth is but little calculated to encounter the anxieties and fatigues inseparably connected with active professional exertion. Examples but too frequently occur of individuals who are rendered quite incapable of taking advantage of fortunate circumstances when they have arisen, owing to a serious deterioration of their physical powers and moral energy, the result of dissipation in early life; and this, too, at a time when they might have reaped the reward of years of tedious and anxious expectation. There is another attribute essential to the medical practitioner, which, though it be not of the same importance in a moral point of view, is, nevertheless, most indispensable to him who would obtain and retain the confidence of the public—I mean *discretion*. This quality, gentlemen, displays itself in a prudent management of his intercourse with his patient, in neither prematurely announcing to him danger which may probably be only remote, nor in yet lulling him into a false security by withholding from him the truth, when such a disclosure may intimately affect both his temporal and eternal interests. Furthermore, let every medical man be careful to check any undue or irregular volubility of tongue; let him be cautious in making the ailments of his patients the theme of his gossip; and, above all, let him ever regard as sacred whatever communication of a private nature individuals or families may, in the warmth of unsuspecting confidence, repose in him. It is also necessary that the candidate for success in practice should strive to obtain a gentlemanly address, and a kindness of manner; for although he should possess talents, scientific attainments, and sound morals, yet if he be rude in his deportment, of uncomplying temper, evincing but little sympathy either with his patients or the afflicted relatives, he will most probably fail in securing that position in the profession to which his other qualities may have led him to aspire. A tone of sympathy and forbearance should ever characterize our demeanour towards our patients, for we should never forget that long-continued disease is sure to induce more or less of a querulous impatience even in the most placid tempers, and that it is by a soothing, gentle, and yet firm manner, that the medical attendant must gain the confidence of the sick, so necessary to the happy issue of disease.

In bringing before you these considerations, I by no means advocate the employment of officious and degrading attentions on the part of the practitioner, for the distinction between nurse and medical attendant should ever be observed. No unworthy compliance with the caprices of the sick, no volunteering of services incompatible with the dignity of the professional character, should ever be practised. Such conduct, no doubt, generally proceeds from an injudicious anxiety to secure the favour of those on whose behalf it takes place; I say injudicious, because I believe the attempt often frustrates its own object. I will venture to narrate an anecdote bearing on this point, with the circumstances of which I happened to become acquainted. A lady of distinction was taken suddenly ill whilst upon a journey, and was obliged to stop at a certain town on the road. A medical man of some celebrity in the neighbourhood was sent for, when, instead of permitting the attendants to carry her to her chamber, he insisted upon performing that office himself. The lady, when reporting this occurrence, remarked, that Dr. —

was, she believed, a very clever man, but had so degraded himself by his familiar and servile behaviour in carrying her into her apartment, that she had lost all respect for him. This sort of thing, gentlemen, depend upon it, will nearly always result from any overstrained or derogatory kind of attention.

Punctuality in regard to all your engagements, and more especially to all that concerns your attention to your patients, is scarcely less indispensable to the satisfactory prosecution of your medical career, than the possession of the other qualities which I have just enumerated. It were superfluous for me to enter into any general disquisition upon the importance of, and the advantage flowing from, habits of exactness in the ordinary avocations of life; but I may here, not inappropriately, remind you of the strict necessity that exists for your being scrupulously punctual with respect to the time of your professional visits. Let it be your study to discharge all your current engagements early in the day, so that your time afterwards may be completely at disposal for any sudden or urgent demand that may be made upon you. It is also very desirable for your patient's sake that no procrastination should take place in this respect. Those only who have been the subjects of indisposition can fully appreciate the anxiety and eagerness with which a suffering patient anticipates, probably after a night of tedious and harassing restlessness, the morning visit of his medical attendant. Thus, feelings of humanity alone forcibly prompt to the performance of this duty. Accustom yourselves, also, gentlemen, to let the patient understand the period at which he may expect your next visit, for a somewhat considerable experience has satisfied me that mischief not unfrequently occurs from the nervous excitement occasioned by any uncertainty or disappointment felt upon this point. Should you happen to be attending in consultation with any of your medical brethren, I hope you will feel yourselves bound to respect time which is not your own; for when you disregard the virtue of punctuality on these occasions, you not only infringe the rules of politeness and gentlemanly behaviour, but you violate the very laws of common honesty. Time, gentlemen, is most valuable to the medical man, and he, therefore, who encroaches unduly upon the same, deprives him of what constitutes his property. But in respecting the *time* of your professional brethren, in being careful how you improperly intrench upon the same, never forget what you owe to their character. It is your bounden duty, on all occasions, to act towards them as you would that they should act towards you. Whatever be the temptation, however you may suppose that your interests are forwarded thereby, never by word, deed, or gesture, conduct yourselves so as to injure the reputation of a fellow practitioner. Any unworthy attempts to undermine the character of another will mostly terminate to the discredit of him who practises them. A temporary advantage may certainly, in many instances, be obtained by such means, but seldom any of a permanent nature; for here, as in other cases, it will generally be found that honesty is the best policy. However, I do not recommend to you the practice of honourable conduct merely because it may happen to constitute the best policy, but because it is in

itself right and just, and dictated both by divine and human laws.

In all that I have, upon this occasion, advanced, it has been my object to present you with my views and sentiments respecting the most appropriate proceeding for you, in the three several stages of your progress. First, I have explained to you the character of that general education which, in my own opinion, ought to precede the commencement of your professional studies; I have then attempted to exhibit to you the relative importance of the several branches of science which lead to the formation of practical medicine; and, lastly, I have in some respects gone beyond the ordinary objects of an introductory address, in offering for your consideration certain suggestions, principally regarding your self-conduct in the early stage of your career in practice. I have been led to this latter course by the reflection that it is extremely desirable that young men should, from the beginning, entertain correct notions upon certain points in medical ethics, which more immediately concern their duties to themselves, to their patients, and to their brethren.

Having proceeded thus far, I must now draw towards a conclusion; and, in concluding, let me me entreat you to keep in mind the important truths which I have this morning attempted to enforce upon your attention.

Do not withdraw from the lecture-room in the mere spirit of criticism with respect to the manner of the lecturer, and the style of his address, as is but too frequently the custom; but if there have been anything in the *matter* commanding the assent of your judgments, let it exercise a proper influence upon your future proceedings. Yours, gentlemen, is a most critical period in human progress. Your own welfare in after life, the happiness of your family connexions, and the peace of mind of all your friends, will, to a great extent, hinge upon the mode in which, during the next few years, you dispose of that valuable gift of God, your time.

Do not, in the course of this, or other sessions, let your diligence be in paroxysms; do not, one week, dissipate your energies in idleness and folly, and another, overtax your enfeebled brains in fruitless attempts at amends for mispent time and lost opportunities; but let your application be steady, uniform, and systematic, the result of a just appreciation of the importance of the duties you will hereafter have to undertake, and of the serious responsibility which attaches to the proper performance of the same. Be not dismayed, however, gentlemen, when you contemplate the more rugged and gloomy aspect of your present vocation, for though difficulties and trials will beset your path, take courage from the assurance which I give you, that if you only combine persevering industry with moral rectitude, you will readily surmount those difficulties, and come out from those trials unscathed.

ON THE

## TREATMENT OF DYSMENORRHOEA.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—The following cursory remarks on the treatment of this distressing and most painfully obstinate affection, are principally prompted by the perusal of Mr. Toogood's observations contained in your last number. In detailing these I offer nothing strictly original, but having decidedly found the treatment hereafter described more successful than any other I have tried, I am anxious that members of the association, having given it a fair trial, should, subsequently make known the result of their practice.

The treatment of dysmenorrhœa may justly be divided into that requisite for the relief of the paroxysm, and that to be adopted during the intermenstrual period, with a view to the cure, or at least to the prevention, of the expected periodical attack. The former being the condition in which we in general first see our patient, the mitigation of the present suffering must be our primary endeavour.

For this purpose, I have found nothing afford so speedy relief as ipecacuanha, given with a view to excite and keep up a considerable feeling of nausea for some hours. One or two grains administered at the commencement, and repeated in half or one grain doses every half hour or hour, will in general fulfil the intention. Full doses of camphor and opium taken at the same time, at intervals of four or six hours, appear materially to favour the operation of the ipecacuanha. Tartar emetic alone, or combined with opium, has been recommended by some authors; the ipecacuanha, however, will, I think, in most cases, be found preferable. The application of local warmth is a useful adjunct in the mitigation of severe suffering; but, as will be presently noticed, the paroxysm is not the period in which warmth exerts its most permanently beneficial effect. Still, however, as an auxiliary, it should not be neglected; for this purpose nothing answers so well, as the encircling the pelvis with a band of flannel, three or four times doubled, and at least ten inches broad; to this should be attached posteriorly another slip to be brought over the perinæum, and fastened in front in a similar manner to the T bandage; these should be soaked in water as hot as can be borne, and renewed till relief be obtained.

Stramonium, belladonna, and ergot of rye, have been severally recommended during the paroxysm, and may be tried should the above means fail. But by far the most important period for treatment, with a view to a radical cure, is the interval between two attacks; and in this I would urge the propriety, in all cases, of carefully examining the state of the abdomen, being perfectly satisfied that many severe cases of dysmenorrhœa, which have fallen under my notice, have owed their accession and continuance to a torpid and loaded state of the colon, with deficient secretion, together with a congested state of the liver and biliary apparatus, and that treatment sedulously persevered in, with the intention of correcting this depraved secretion, has perfected the cure. On



examining the abdomen of a female subject to periodic attacks of painful menstruation, we in general find it hard and tympanitic; on making firm pressure over the region of the liver, the patient very frequently complains of pain "shooting through to the back;" this pain will readily be distinguished from the local pain of hysteria, the latter being generally superficial, the patient shrinking from the slightest attempt at examination. These states, however, are frequently combined, when the diagnosis will be rendered more difficult; still, by carefully attending to the accompanying symptoms, together with the appearance of the tongue, evacuations, &c., we may in general avoid forming an erroneous opinion. On continuing the examination, by tracing the course of the colon, we commonly find it hard and sometimes painful, especially in the region of the ascending portion; while at another part, particularly at its transverse arch, a doughy sensation of fulness will be communicated to the hand—the former indicating faecal accumulation, the latter flatulent distension, with sordes and vitiated secretions adhering to the mucous lining of the bowel, equally to be removed by the means about to be recommended.

The practice I have found especially beneficial in these cases, is topical detraction of blood, by leeches or cupping, from the region of the liver; daily and free purgation with pills of *Ol. Tiglii*, *Pil. Galbani Comp.* and *Extr. Hyoscyami*. (The latter in small doses is a valuable addition to all formulæ containing croton oil.) A mild mercurial may advantageously be exhibited twice a week; if flatus be still generated in excess, it will be desirable to administer from time to time a terebinthinate enema. I may now notice the period at which the local application of warmth will exert its most beneficial effect; viz. by commencing the fomentation in the manner previously recommended, a week previous to the return of the catamenia, and by repeating its application night and morning, for the space of from twenty minutes to half an hour, we shall very frequently, with the other means already cited, not only ward off an attack, but render the cure permanent.

I cannot close the above somewhat-hastily-drawn-together observations, without strenuously recommending to the especial attention of the profession the necessity of strictly regulating and directing the education of female youth, at the important epoch of puberty, especially with a view to the immediate and absolute repression of any circumstance, moral or physical, that may directly or indirectly excite the highly-wrought sensibilities of the uterine system at this period, and to which the disease in question so frequently owes its origin. I perfectly agree with Drs. Conolly and Copland in believing, that English practitioners have hitherto paid too little attention to these circumstances; and when we reflect, that whatever increases or excites the emotions or desires at this period, diminishes in the same ratio the reasoning and moral faculty, we surely cannot be too vigilant in preventing a precocious development of sensibility and nervous susceptibility. With an apology for having extended my remarks so much beyond what I at first intended,

I am your obedient servant,

C. M. DURRANT, M.D.

Ipswich, Oct. 7, 1831.

## TREATMENT OF DYSMENORRHOEA.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—Having seen some communications on the above disease in the two last numbers of your valuable journal, I am induced to send you the details of a mode of treatment which I can most strongly recommend; and although it does not possess many features of novelty, I hope the uniform success that has attended its adoption will be a sufficient apology for bringing it before the notice of your readers.

When I am consulted by a person subject to this affection, I generally await the approach of the next attack before I adopt any curative treatment; and about four nights prior to its expected recurrence, I order from two to six leeches to be applied to each inguinal region, and, immediately on their falling off, direct the patient to be placed in a warm hip-bath for twenty minutes. These measures are repeated every night till the appearance of the menstrual discharge, and the following draught is administered every alternate day.

Infusion of senna and camphor mixture, of each 8 drachms; sulphate of magnesia, 2 drachms; tincture of hyosciamus and tincture of colchicum, of each 10 drops.

On the appearance of the menstrual discharge, the above measures are discontinued. Rest in the recumbent position is enjoined, and the following draught given every night and morning during the continuance of the pain.

Muriate of morphia, one-quarter grain; tartar emetic wine, twenty-four drops; solution of acet. of ammonia, three drachms; spirit of nitrous æther, ten drops; cinnamon water, five drachms.

In two days after the cessation of the discharge I begin the use of tonics; either the sulphates of zinc, quinine, or iron; the former I generally prefer, and I give it in doses of one-sixth of a grain, gradually increasing it to one-half, three times a day. The pubis and sacrum are sponged night and morning with a lotion composed of vinegar and a saturated solution of common salt, in equal proportions; a flannel roller about ten inches in breadth is worn over the bowels; daily exercise is taken in the open air, on foot or on horseback; and the feet, when cold, are rubbed with warm flannel; this last, though apparently trivial, calls for particular attention: for the distressing sensation of weight so often complained of in the loins, no remedy is so effectual as the effusion of cold water from a height of two or three feet.

In four cases complicated with menorrhagia, I employed the *secale cornutum* with marked advantage.

I tried the veratrine ointment in two cases, but, as I employed it in conjunction with other means, I feel unable to speak decidedly of it; yet I am disposed to look on it favourably, and think that the discrepant results which have resulted from its employment may be reconciled, on reference to the preparation that has been used by each individual; and I would beg to suggest that in any future trials with it, none but a salt of *ascertained* purity should be employed.

I consider the immediate pathological condition of the uterus, when affected with dysmenorrhœa, to be one of congestion, and the pain to arise from

the great determination of blood to an organ in a state of actual or relative debility. I do not deny the possibility of an inflammatory state of the uterus in some few cases, but I view dysmenorrhœa as arising more from constitutional peculiarity (plethora) than as a distinct disease, and scarcely think it entitled to a place in the arrangements of systematic writers.

Every circumstance connected with the disease appears to me to be opposed to the idea of its inflammatory nature; but the chief and great one is, its periodic return for years, without inducing a change of structure.

If inflammatory, it is of a most accommodating nature; one that it is very seldom the lot of medical men to witness.

Your obedient servant,  
RICHARD CHAMBERS.

*Upton-on-Devon, October 11, 1841.*

### ON VERATRINE OINTMENT IN DYSMENORRHOEA.

By THOMAS JEFFREYS, M.D., Liverpool.

As I have, upon a former occasion, borne testimony to the efficacy of veratrine ointment in the distressing uterine pains previous to menstruation—a mode of treatment originally made known to the association by Dr. Bushnan—it may, possibly, be expected that I should have replied to the remarks made by Mr. Toogood in this Journal for October 2, 1841. I was induced, however, to postpone any remarks on this subject until I could ascertain, from the person I alluded to, how far her case would bear me out in what I had asserted. I now transmit the particulars for further notice.

The lady for whom I prescribed the veratrine ointment continued to use it for five or six months regularly, but found that each time the relief obtained was diminished, although the full quantity ordered was used; it was therefore discontinued, and in lieu of it three grains of solid opium were introduced into the rectum as a suppository, which gave great relief; but, like the ointment, failed, until a second pill of three grains was similarly used; this is still continued with the same good effect, but produces such unbearable sickness, that the remedy is almost as bad as the disease. I therefore recommended the following enema.

Camphor, one drachm; reduce to a fine powder with spirit of wine, and then add starch emulsion eight ounces, and tincture of opium fifty minims; to be repeated if necessary.

I fully intended to have withheld this communication until its good effects were either proved or otherwise; but having just read Mr. Welton's remarks in your Journal of this day, I am anxious to confirm his views of the relief obtained by the anodyne suppository, and most cheerfully accede to his remarks, that "existing circumstances and peculiarity of constitution will often baffle the power of approved and more established remedies." Probably, had the strength of the veratrine ointment been increased, it might have been continued with advantage; but it is rather an expensive article, and may, possibly, be objected to by some on that account.

*October 9, 1841.*

PROVINCIAL

### MEDICAL & SURGICAL JOURNAL.

SATURDAY, OCTOBER 16, 1841.

THE evils inseparable from the interment, or rather from the heaping up, of dead bodies in the midst of a dense population of the living, seem at length to have attracted some share of notice. A committee was appointed some time back by the corporation of London to institute an inquiry into the indecent and mischievous practices so deservedly complained of, and the existence of which, indeed, could no longer be either denied or concealed. This committee has since made a report, and it may be hoped, from the manner in which the report was received, that some measures will shortly be devised and carried out, for the purpose of putting a stop to the outrages to every sense of decency and moral feeling so constantly occurring from this source. The public mind has been at various times roused, and extreme prejudice has existed on the subject of dissection, but could the desecration perpetrated on the bodies of the dead thus thrown, under the pretence of affording them a decent burial, to putrefy in the midst of a mass of corruption, be known, even the most fastidious would prefer to submit the remains of their friends to the researches of the anatomist and the scalpel of the dissector.

For the collecting and bringing forward of much instructive evidence relating to the practices followed in the grave-yards of London, the public are indebted to Mr. G. A. Walker. An admirable work, entitled "Gatherings from Grave Yards," was published by this gentleman about two years ago, embodying a fund of valuable information on the customs of other nations, ancient and modern, on the dangers of inhumation within the precincts of large towns and cities, on the nature and effects of animal decomposition, on the state of the metropolitan burying-grounds, and on the disgusting and demoralizing practices followed in grave-yards. Much of the information contained in this work has been condensed into the form of a pamphlet, and, with some additional facts and observations, recently published in a separate shape. What passes not under immediate observation excites but imperfectly the feelings or the sympathies of the general community: while the familiarity engendered by daily witnessing even the most revolting practices too often leads to indifference.



It has been remarked that the account of the swallowing up of a large empire, involving the destruction of millions, would affect us less than the immediate prospect of enduring a trifling amount of bodily pain, or suffering some trivial personal loss. The danger not immediately at the door presses not,—is rarely felt or anticipated with that force which impels to instant and decided action. When it arrives, the time for measures of precaution has been allowed to slip from our hands, and often little but a hurried attempt at escape, or a passive endurance of the evil, remains in our power. It avails little, in furtherance of the adoption of remedial measures, to describe the wretched and disgusting practices openly followed in many of these charnel-houses, in which the bodies of the dead are daily deposited. When they are forced upon the attention, those who are not familiar with them are content with the mere expression of their disgust, and those who are have become callous and heed them not. To obtain that consideration for the subject from persons in power and authority, which shall lead to an active endeavour to suppress the abuse, and to provide a remedy for the evil, the personal feelings must be interested, or the personal fears aroused. Let it but be shown that the living must suffer in their own persons from the mischiefs so long tolerated by the apathetic, or encouraged by the interested, and the entire neighbourhood of these pestiferous localities will at once arise in virtuous indignation at the profanation which has been so long allowed to pass unheeded.

Without going to the extent of attributing the generation of fever to the noxious effusion and emanations with which the soil and the air become saturated, we cannot doubt that the depressed state, both of the mental and bodily powers, must materially contribute to favour the spread of any epidemic or contagious disease, and to increase its mortality. In Clement's Lane, which seems to be peculiarly exposed, no less than four burying-grounds, some of them in the worst possible condition, are found in a distance of about two hundred yards, and the living breathe on all sides an atmosphere impregnated with the odour of the dead. In this locality, in the midst of a densely crowded population, typhus fever rages in its aggravated form, and makes the most destructive ravages. "The mortality in this lane," observes Mr. Walker, "has been, at periods, excessively great; the instances of sudden death have been numerous, and cases of modified disease,—examples of action without power, involving, perhaps, no particular organ or tissue, have very frequently come under my notice. The inhabitants occupying the houses looking over the open space of the burying-

ground in Portugal Street, have, perhaps suffered most. The exhalations of the grave-yards in the neighbourhood, it may reasonably be inferred, have increased the malignancy and putridity of disease; the poor man's residence overlooks his grave. May it not then fairly be stated, that cause and effect have been constantly in operation, and constantly increasing in the ratio of the mortality? Can we believe that the power of infection ceases when the animating principle has departed,—when the solids are contaminated,—when the blood, poisoned at its source, and in its whole current affected, ceases to stimulate the central organ of the circulation—the heart! If, during the period in which life and death are struggling for the mastery,

' Whilst the slow staggering race which death is winning,  
Steals vein by vein, and pulse by pulse away,'

the living can be infected by contact or proximity,—shall they not be diseased by the bodies from which the conservative principle has departed? When the poison that has destroyed life is disengaged by the decomposition of the tissues with which it was in combination,—when, as in severe forms of typhus fever, the vitality possessed by both solids and fluids is of the lowest degree, we may fairly conclude, that in proportion to the degree of putrescency evidenced during life, will be the degree of danger to the living from the emanations of the dead."

We have said that we are scarcely inclined to attribute the origin of the fever to these corrupted emanations, but no one can peruse the cases adduced by Mr. Walker, very many of which have occurred under his own immediate observation, without feeling convinced that the constitution is debilitated, and the system thereby rendered more susceptible of receiving the contagion or miasm giving rise to specific disease, that the mortality is greatly increased, and that a general depression of the powers, mental and corporeal, is more or less experienced by those who dwell in, and often by those who are casually led into, these localities.

Some extracts from Mr. Walker's evidence before the House of Commons on the Health of Towns, are appended to the pamphlet. Among these is the following statement referring to the condition of the burying-place at Enon Chapel, one of those which are located in Clement's Lane. "You say that the poor are not in general aware of those gases impregnating the air, and that no precautions are taken by them to prevent it?—I cannot see what precautions can do, if they and their children live constantly in this atmosphere; thus I have invariably found, that when a child or children have come from the country and gone to a badly-drained house, in a few weeks they will succumb to the

influence. There is a chapel in Clement's Lane, called Enon Chapel, to which I have before referred; there is a cellar underneath it, not covered with a lath and plaster defence, and there is nothing to prevent the exhalations passing up. In this there have been deposited about 12,000 bodies in about 15 years; on an average 30 bodies a week were buried there for a considerable time; it is used as a place of worship every Sunday, and is now occupied by a society who hold public meetings. I am quite amazed that such a place should have been permitted to exist. Sixty-four loads of bodies and earth, mixed together, were removed. Such was the intolerable stench, that numbers left the place, and very commonly, during the services held there, four and five women have been carried out in a fainting condition." These are statements which speak for themselves. When the evil is thus capable of being traced, and its mischievous effects thus admit of demonstration, the call for its removal becomes urgent, and must be responded to.

Mr. Walker's pamphlet contains several instances of the difficulty which occurs in providing room for the interment of the dead, and of the disgusting practices and dangerous results which arise in consequence. The frequency of these is, perhaps, even more strongly evidenced by what so recently occurred, on occasion of the burial of Mr. Burdon of Eastcheap, in the churchyard of St. Mary's-at-Hill.

"The church of St. Mary had been previously thronged, and on the arrival of the body the funeral service was read over it in a very impressive manner by the Rev. H. Curry, the curate. On the body being taken into the churchyard, a very extraordinary scene took place. The rush to get into the ground was tremendous, and after the confusion consequent thereon had somewhat subsided, an attempt was made to lower the coffin containing the body, when it was found that the grave had not been dug sufficiently capacious, or that, from the extremely crowded state of the ground, some of the coffins, which were to be seen piled one on the other on either side, had shifted from their situation. Much delay was thus occasioned, and ultimately the service was performed with the body placed as far as it would go into the grave, but a foot or two from the surface. The service being performed, the coffin was again drawn up and placed on the side of the grave, the lower part of which appeared filled with pieces of broken coffins, and human limbs partly decomposed were seen projecting across the aperture. The gravedigger ultimately descended, but precaution was taken to place a rope round his body, as, from the rottenness of the ground, it was much feared a similar catastrophe to that which took place, it will be remembered, a few months since in St. Bride's churchyard, would result."

Such is the account given in one of the public papers, and yet so little seems to be thought of the

occurrence, so little does it appear to be out of the ordinary course of events, that we find it dismissed with the remark, that precaution was taken to place a rope round the body of the gravedigger, as, from the rottenness of the ground, it was much feared that a catastrophe similar to one which had recently occurred elsewhere might result. Of this catastrophe Mr. Walker's pamphlet gives the following account:—

"The gravedigger of St. Bride's, Fleet-street, and two assistants, were employed in opening a pit twenty feet deep for the interment of the dead. Two of the men, more practised than the third, escaped; large quantities of earth and an entire pile of coffins fell upon and crushed the man who was unable to get out of the grave. Such was the rotten state of the ground—that as the men dug, it fell in in masses, and upwards of seven hours were employed in the most severe and indefatigable exertions, before he could be recovered, although the labourers had every mechanical assistance that blocks, falls, pulleys, hooks, &c. &c. could afford. His head, pressed against the end of the pit, was discovered after two hours digging. As if in revenge for the insult offered them, two dead bodies had rested themselves on his chest, whilst his legs, jammed between other coffins, and embedded in the earth, could not for many hours be extricated."

To attempt to do full justice to this subject would be to transcribe the whole of Mr. Walker's pamphlet, but enough, we trust, has been said to excite attention, and for more extended information we must refer to Mr. Walker's publications. As a remedial measure, a clause might be readily introduced into any bill having for its object the improvement of towns, to prohibit the interment of the dead in the midst of crowded localities, and especially in private burial-grounds, where many of the most flagrant abuses have been found to occur. At the same time it might be provided, that when a given number of bodies proportionate to its size have been deposited in any public burying-place, the ground should be closed for a term of years, longer or shorter, as circumstances may seem to require.

## REVIEW.

*Practical Observations on Injuries of the Head.*

By WILLIAM SHARP, F.R.S. &c. Churchill, London, 1841. 8vo. pp. 168.

MR. SHARP has enjoyed extensive opportunities of surgical practice at the Bradford Infirmary, with which he has been connected, as senior surgeon, for many years; that he has not neglected to avail himself of such opportunities is shown by his work, now before us, on injuries of the head. The design of this brief treatise is eminently prac-



tical; the author avoids everything which may lead to controversy, and dwells only such points as are calculated to guide the practitioner in the most difficult of all pursuits—the effective treatment of disease. The subjects embraced in the “Practical Observations” of Mr. Sharp are concussion of the brain, compression, and, finally, wounds of the brain; a separate chapter is devoted to each subject.

In a work like the present, the reader cannot expect much novelty; the author does not pretend to advance any peculiar doctrines of his own, to announce any discoveries, or to advocate any favourite theory; his design, though more humble, is immeasurably more useful—to add to the general stock of knowledge the observations which have been suggested by experience and matured by reflection.

In treating of the symptoms of concussion, Mr. Sharp remarks, that cases of concussion may be arranged into three classes; the first comprises those cases in which alarming symptoms arise immediately after the injury, and soon terminate in death, or quickly pass off altogether. In the second class, we find that an interval of a few days intervenes between the accident and its effects, which come on suddenly and with violence. In the third class of cases, the patient experiences little for a length of time after the accident; but inflammation of an insidious kind has been going on, and often terminates in a fatal effusion of serum, softening of the brain, or suppuration. Having illustrated the different forms of concussion by appropriate cases, Mr. Sharp proceeds to point out the differential characters of concussion and compression. These are so clearly indicated, that we extract them here.

“In concussion, the *symptoms* usually make their appearance immediately after the accident, though it not unfrequently happens that a considerable interval passes over before they come on; in compression there is generally a short interval between the accident and the symptoms.

“In concussion, the symptoms, if not so overpowering as soon to terminate in death, either pass away, the first signs of depression being followed by corresponding excitement, and this by complete recovery; or we may have the three stages pointed out by Mr. Abernethy, first of insensibility, second of restored animation, and third of inflammatory action. In compression, the symptoms, if not relieved by active depletion and other means, become aggravated, and death ensues either very soon, or after inflammation, and frequently also suppuration, have supervened.

“In concussion, the *pulse* is generally not so slow, labouring, and intermittent, as in compression. In concussion, *bleeding* sinks the pulse and the patient; in compression the pulse rises, and relief is afforded. In concussion, there is commonly more *insensibility*, followed by *delirium*, than in compression. In concussion, perhaps *vomiting* is more

frequent than in compression, though it often occurs in the latter. In concussion, there are less frequently *coma*, *convulsions*, and *paralysis*, than in compression. The state of the *pupil* is an uncertain sign; it is often dilated and insensible to light, and often contracted in both concussion and compression.”

On the symptoms and general treatment of compression of the brain we need not dwell; the observations of Mr. Sharp accord upon these points with the opinions of all experienced surgeons. The operation of trephining, however, is a question on which much diversity of opinion still exists; in order to elucidate this *questio recata*, the author gives a short historical sketch of the operation, and having pointed out the several cases to which it is inapplicable, concludes, that “we should perforate the cranium whenever extravasated blood or matter may be fairly expected to be found underneath, and should raise the depressed bone in all cases of depression, whether simple or compound, where there are serious symptoms of pressure.”

The rules which our author lays down for the performance of the operation of trephining, and his remarks on the parts of the cranium that we are directed to avoid, are judicious. Taken as a whole, the treatise is highly creditable to provincial surgery.

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*The Oration delivered before the Medical Society of London, at their Sixty-eighth Anniversary, March 8, 1841. By W. D. CHOWNE, M.D.*

GENERALLY speaking, works imposed upon us by duty are the worst performed of any. What can be more tiresome or stupid than the set harangues and discourses elicited by presidential exigencies from the learned of all classes? We are happy to perceive that Dr. Chowne has contrived to distinguish himself from the *vulgus*, (*ignobile* we dare not say,) and to clothe his “oration” with an unusual degree of interest, by including a wide range of subjects, divesting them of technical character, and collecting together a variety of that information which both pleases and instructs the auditor.

To the professional reader we would particularly recommend the observations of Dr. Chowne on coroners’ inquests and the duties of coroners. We extract the following passage as a specimen; may it fructify in the quarter to which it is apparently addressed!

“The law does not contemplate that the coroner shall commit the anomaly of giving evidence himself, or of supplying remarks *founded* on the *facts* of the case, and calculated to have the effect of evidence on the possible issue of the inquisition, yet exempt from the salutary laws to which legitimate evidence is amenable; as the ordeal of counter testimony, and of cross-examination, by the

coroner and jury at least, if not by interested persons and by counsel,—a point in the law of evidence, (notwithstanding the general practice,) which, to use the words of a high legal authority, 'may, when the question arises, be a matter of very grave and serious consideration.' Roscoe's Dig. 53. 2 Stark. Ev. 278, 2nd edit. 2 Russ. 661.

"The duties of the jury, and of the coroner indeed, have been, by legal authorities, very carefully and properly defined. 'The jury are to investigate and determine upon their oaths all the circumstances connected with the death of the party, \* \* \* and are for this purpose to receive evidence necessary to establish the fact.' Jerv. 228. 'They are neither to expect, nor should they be bound by, any specific or direct opinion of the coroner upon the whole of the case, except so far as regards the verdict.' Jerv. 225. 'The verdict should be compounded of the facts as detailed to the jury by witnesses, and the law as stated to them by the court.' Jerv. 226. 'Ad questionem facti, non respondent iudices; ad questionem legis, non respondent juratores.' Vaugh. Rep. 160.

"It is not sufficient that the coroner should abstain from directing, upon the faith of opinions expressed by himself, a verdict, the tendency of which is to *inculpate*, and that he would, in *such case*, submit to the jury evidence which might afterwards be subject to scrutiny in the superior Courts; but it is requisite, also, that the coroner should not, upon the faith of his own opinions, direct a verdict, the tendency of which is *exculpatory*, and calculated to supersede ulterior proceedings.

"It is *not* in accordance with the spirit of our laws, *nor* with that of the coroner's inquisition, that the individual who presides should, in matters relating to fact, and not to questions of law, be at once the organ of influential opinions, their sole expositor, and the sole judge of the auto-exposition. It is not assumed by the legislature, that the country must be content to have justice administered in a manner so peculiar, and open to exceptions so grave: neither is the well-being of the community more deeply interested in procuring, upon proper, and none but proper evidence, conviction of the guilty, than in guarding against the possibility of unjust immunity, as the consequence of less vigilant inquiry, and of exclusive and less eligible testimony."

## ACADEMY OF MEDICINE.

Paris, September 28.

### COMPOSITION OF MILK.

M. DEVERGIE read a memoir on the microscopic characters of different kinds of milk; his remarks were founded on 172 observations made during the space of six months. The author distinguishes three species of milk, viz.—1st, with large globules; 2nd, with very small globules; 3rd, with middle-sized globules.

The first species is the richest and most nutritious; the two others are less so, and the nutritive properties are proportionate to the volume of the globules. The author has convinced himself of this latter fact, by comparing the health and vigour of in-

fants with the results obtained from microscopic examination of their nurses' milk; this examination, however, can only furnish an absolute idea of the nutritive properties of the milk, without enabling us to say if any particular kind is adapted to any individual infant. The number of globules contained in a given quantity of milk also varies infinitely. Out of 100 nurses who were examined, there were only 17 whose milk furnished very large globules; they were generally of the sanguineo-lymphatic temperament. The number of globules was not always proportionate to their volume, although this is usually the case. It was also observed, that many of the women who furnished excellent milk did not present the external appearances which are, in general, thought to indicate good nurses.

In 22 cases, the milk globules were very small; the women were commonly of a sanguineous temperament; finally, 64 women furnished milk with middle-sized globules.

Has the age of the milk any influence on its microscopic characters? M. Devergie found its composition nearly identical from two months up to ten; he speaks, however, with reserve on this point, since it seems rational to conclude that the nutritive properties of the milk should increase with the age of the child.

The age of the nurse, also, seems to exercise little or no influence on her milk; the colour of the hair and the size of the bosom have no influence on it; generally speaking, the middle-sized breast gives the best milk. The microscope detects but few alterations in the globules; they consist chiefly in agglomeration of the globules, which disappear when the nursing is continued for a length of time.

### RADICAL CURE OF HERNIA.

M. Guerin read a memoir on the *radical* cure of hernia by the subcutaneous method. We insert, in full, the interesting case on which this memoir was based.

Peter Martin, 48 years of age, was affected with double inguinal hernia, when I saw him three months ago at the prison of St. Denis. The hernia on the left side has existed for twenty years; it is easily reducible, and descends half way down the scrotum, forming a tumor nearly as large as a goose's egg; the canal is sufficiently dilated to admit the thumb. The tumor on the right side appeared about three years afterwards; it is not so large as the left one; the inguinal orifice admits the end of the index finger, by which the walls of the canal can be explored; during a state of rest, the canal and its orifices remain open like those of the opposite side; but when the abdominal muscles contract, or during cough, &c., the canal and its anterior orifice dilate, while the walls become tense, and the edge of the ring gets quite hard.

Having explained my ideas to M. Louvel, the physician to the prison, and obtained the sanction of the prefect of police, I operated on the 11th July in the following manner:—

The hernial tumor on the right side was first completely reduced: the end of the finger could be introduced down to the bottom of the inguinal canal, where were felt the pillars of the ring and the internal orifice. I now raised a transverse fold of skin from the root of the scrotum, and brought it upwards to a level with the external



ring; I then passed a narrow-bladed bistoury through this fold into the orifice of the canal, above and to the inner side of the cord, which an assistant drew outwards. Into the opening thus made I passed a small convex myotome with a round blunt point, and introduced the whole blade (about 10 lines long) into the canal; my next step was to make several incisions obliquely from behind forwards, and from within outwards, to the depth of four or five lines, having previously ascertained by the touch the exact situation of the cord; I now turned the blade of the instrument, and divided, above and below, the tendinous cords formed by the two divisions of the ligament of Fallopius, and the fibres of the external oblique muscle which are inserted into it; finally, I made several superficial scarifications along the course of the canal. These different incisions merely divided the aponeurotic fibres of the external oblique, and were confined to the superficial wall of the canal and to its external orifice. The operation lasted ten minutes, and about four ounces of blood were lost.

Having expelled the air and some blood from the wound, I closed the orifice of incision, and applied some compresses over the canal, supported by a spica bandage.

The patient slept well during the night, and experienced no pain; I did not think it necessary to see him for eight days; there was now no trace of external wound; no redness or sensibility, but a considerable quantity of effusion had taken place into the canal; pads, supported by a moderately tight bandage, were reapplied, and the patient directed still to keep his bed.

On the 15th day the effused fluid had attained a very considerable degree of consistency, sufficient in all appearance to support the gut; I made the patient cough until the left hernia came down, but on the right side there was no trace of tumor; the patient, however, while coughing, experienced a painful sensation of dragging in the interior of the canal. On the 20th day I allowed the patient to get up, keeping on his bandage; coughing now excited no pain; he gradually resumed his ordinary occupations, and laid aside the bandage on the 5th week after the operation. If the patient be now examined, (ten weeks after operation,) it will be seen that the whole of the right iliac region and groin is less prominent than the corresponding parts on the left side; the inguinal canal is obliterated; during strong efforts, coughing, &c., the viscera can be felt driven against the walls of the abdomen, about an inch and three-quarters above and to the outer side of the canal; the parts which had been the seat of operation become depressed, while the tumor appears on the opposite side. On the right side the intestine never descended since the day of operation, and it may be safely asserted that the cure is essentially *radical*.

## ROYAL BERKSHIRE HOSPITAL.

(Practice of Mr. F. A. BULLEY.)

CELLULO-MEMBRANOUS ABSCESS OF THE KNEE, WITH ULCERATION OF THE ARTICULAR CARTILAGE OF THE FEMUR. DEATH.

WILLIAM ATCHER, æt. 22, a pale unhealthy-looking man, who worked as a farmer's labourer,

was admitted into the hospital April 7, 1841. His disease presented the following appearances:—There was no perceptible swelling of the knee-joint, nor could any fluctuation be felt within its cavity. It could be flexed and extended without any considerable pain, and before he became debilitated by purulent discharge, he could bear upon it with tolerable ease. Above and below the articulation were openings caused by incision or ulceration, which communicated with each other; the cellular membrane intervening, being in a sloughy unhealthy condition, allowing the easy introduction of the probe in any direction. These apertures had no evident communication with the cavity of the joint. He had become much weakened by the unhealthy discharge, which, for a few days just, prior to admission, had exceeded a pint of offensive pus mixed with blood, a day. He was now in a low febrile state, with night sweats, and had all the appearance of a person debilitated by protracted purulent discharge. The previous history of his disease was very imperfect, and I could only glean from him, that about three months prior to admission, he had had a blow upon the knee, which had caused the parts about the joint to become inflamed, and subsequently an abscess formed, apparently unconnected with the joint. He was in bad health at the time of his accident, and had lived very irregularly. He was then, being unable to continue his work, taken into a workhouse, where he remained gradually getting worse, until he came to the hospital.

11. The discharge has continued as profusely as before his admission. A consultation was held upon his case, when, in consideration of the hectic fever under which he suffered, and the debilitated state into which his disease had brought him, it was deemed neither expedient nor safe to remove the limb.

17. He has been gradually getting worse and weaker since last report. This morning, on going into the ward, I found that he had expired in the night, as it were, thoroughly worn out by the exhausting nature of the discharge.

*Inspectio cadaveris.*—On minutely examining every part of the body after death, I could not discover the slightest morbid change in any of the organs, except that the vessels of the pia mater were rather more turgid than usual. The heart and larger arteries and veins were filled with blood of a dark thick colour and treacly consistence, similar to that usually found in persons who have died of malignant, malarious, or exhausting diseases.

The cellular membrane surrounding the knee-joints, and for some distance above and below it, was in a sloughy, broken-down condition, and of a dark colour, the integument over it being in a state of impending gangrene. The fascia, both that investing the limb and the intermuscular, was softened, and in some parts gangrenous. The muscular and tendinous tissues were alike involved in the disease in different degrees. The whole of these altered tissues were infiltrated with pus mixed with blood, having an unhealthy putrid smell.

There was no pus in the cavity of the joint, nor was there any communication between the joint and the external abscess. The ligamentous and synovial tissues of the joint remained unaltered, and the joint itself might have been said to be

free from disease, except that on that portion of the cartilage investing the inner condyle of the femur, the cartilage had been absorbed, leaving a circular sulcus of about half an inch in diameter, the sulcus being about three lines in thickness; in other words, on the surface of the inner condyle of the femur, a portion of the cartilage of above half an inch in diameter was insulated from the rest, by a circular ulcerated furrow leading down to the bone, which felt rough to the probe; the rest of the cartilage was healthy.

## REMARKS.

There was nothing peculiar in the preceding case, except that it afforded an opportunity of observing the progress of an extensive cellulomembranous abscess in a person in previous ill health, and who subsequently was not able to bear up against the exhausting discharges it produced. Beyond the thick and dark-coloured appearance of the blood, it was found, after death, that there was no diseased condition of any of the viscera to interfere with the restoration of the patient's health under favourable circumstances, and it is probable that had he been subjected to hospital treatment a little earlier, the abscess in the cellular membrane might, after the separation of the sloughs, through a liberal diet and tonic remedies, have been brought into a healthy state; or at least, if this could not have been effected, he might, through these means, have been enabled to sustain the shock of amputation with a fair hope of a successful result. But he had wanted the common necessities of life, and expressed himself as almost starved, before he was admitted into the hospital. When he did come, he had lost all desire for food, and was in the last stage of hectic fever, and altogether placed beyond the chance of relief from operation.

The ulceration of the articular cartilage and exposure of the bone show that ulceration or absorption of these tissues may take place without secretion of pus into the cavity of the joint. The utter absence of all appearance of disorganizing disease *post mortem*, and the peculiarly diseased condition of the blood, offer interesting subjects for speculation and inquiry, but the limits of this report will not allow me to enter more fully into the consideration of the subject. It is, however, evident, that all other signs of disease being absent, there was nothing to look to as an apparent physical cause, beyond the altered condition of the blood described; and I am inclined to think that if the disease could have been traced to its source, it might have been found to result from this condition, induced, as it is likely it was, by previous ill health, and an irregular manner of life, combined with a defective quantity of nourishing food to which he had been for some time subjected. I may mention, that an examination of the blood did not afford any proofs of pus having entered the circulation, nor was there any appearance of the slightest purulent metastasis to any of the organs or viscera of the body.

value of which have been sustained during a long series of years, like those issued by the Medico-Chirurgical Society. The present volume contains seventeen original communications; we shall endeavour to present our readers with an abstract of such as merit attention in a practical point of view.

*Dr. Gregory on Small-pox and Vaccination.*

The number of patients admitted into the small-pox hospital during the year 1840, amounted to 327; of these 11 had complaints which subsequently proved not to be variolous; of the remaining 316, 194 were wholly unprotected, and the mortality amongst the latter was 45 per cent.; 120 had been previously vaccinated, and here the mortality was only 7 per cent. The mortality on the gross admissions was 30 per cent.

The attention of Dr. Gregory has been recently directed to the cicatrix, as an indication of the probable amount of protection afforded by cow-pock, and he concludes that the cicatrix cannot be relied on, as affording any certain test of the degree to which the constitution has imbibed an anti-variolous influence. With regard to the identity of small-pox and vaccinia, the author thinks that the vaccine is a poison *sui generis*; that its relation to variola is still hypothetical, and the nature of its protective power unknown; and finally, that a thorough acquaintance with its anti-variolous powers must be derived, not from analogy, but from an extended and careful observation of facts, continued through a long series of years. Of the 120 cases of small-pox after vaccination, only 11 were under 16 years of age.

*Mr. Stanley on Spontaneous Dislocations.*

In this paper Mr. Stanley details seven cases of dislocation of the hip-joint, for the purpose of directing attention to the fact that dislocations of this joint not unfrequently occur without being caused by external violence, or preceded or accompanied by such changes in the soft parts around the articulation, as are attendant on dislocations resulting from the destructive processes of inflammation.

In the first and second cases, the displacement of the head of the femur occurred as a consequence of impaired nervous power, combined with spasms of the muscles. In the third, fourth, and fifth cases, the dislocation depended on rheumatic inflammation of the synovial and fibrous tissues of the joint. The sixth and seventh cases are examples of injury to the hip-joint from external violence, in young persons, followed by a gradual shortening of the limb.

In all these and in analogous cases, Mr. Stanley thinks that the occurrence of spontaneous dislocation may be accounted for in the following manner. Mild inflammation of ligamentous tissue may, without causing any evident change in its organization, so far affect its property of resistance, that it will yield considerably to an extending force; effusion of fluid into the joint may cause extension of these yielding tissues; the head of the bone is thus brought to the head of the acetabulum, slips over it, and then the limb is shortened by the action of the muscles.

## MEDICO-CHIRURGICAL TRANSACTIONS.

## SECOND SERIES. VOL. VI.

THERE are few publications, the interest and



*Mr. Potter on Amputations at University College Hospital.*

The number of cases of amputation in University College Hospital, from July 1835 to January 1841, has been 66; of these 56 proved successful; 10 were attended with fatal results. In 10 cases the amputation was primary; 3 ended fatally. In the remaining 56 cases the operation was secondary, and of this number only 7 died.

The *primary* amputations were—arm 1; fore-arm 2; wrist 1; thigh 2; leg 3; both legs 1.

The *secondary* were—shoulder 1; arm 7; fore-arm 6; thigh 20; leg 22.

The *causes* of the 56 secondary amputations were—diseased joints 33; disease of soft parts 9; compound fracture 6; ulcerated and conical stumps 4; necrosis 3; tumor 1.

The total number of cases were, as we have said, 66; on these Mr. Liston operated on no less than 52; Mr. Cooper on 3; and Mr. Quain on 9. Thus, it would appear, that during the six years and a half which had elapsed since the establishment of University College Hospital, Mr. Liston has had nearly the whole of the operating work thrown upon him; Mr. Cooper performing scarcely one amputation during twelve months, and Mr. Quain scarcely two. We leave this curious fact to the meditation of our readers, and continue our analysis of Mr. Potter's paper.

*Mode of amputation.*

In all cases the flap amputation was preferred, as being not only a quicker method, but affording a better stump, and leading to a more rapid cure. Instead of employing the tourniquet, the main artery of the limb is commanded by the fingers of an assistant. In amputation of the thigh, the two flaps are made as nearly as possible of the same breadth and thickness, but the posterior one is larger than the anterior, in order to allow the stump to be easily covered in the semi-flexed position of the limb; the line of union, consequently, runs directly across the surface of the stump. These amputations were very successful; out of 22 cases (2 primary and 20 secondary,) only 4 deaths occurred. Operations on the inferior portion of the lower extremity were still more successful, as might be expected; out of 25 cases, (3 primary and 22 secondary,) only 3 terminated fatally.

*Mode of dressing the stump.*

When the principal arteries have been secured by ligature, the hemorrhage from the smaller vessels is arrested by the application of lint soaked in cold water. This is removed and reapplied occasionally until all bleeding has ceased, and the divided surfaces are glazed over with plastic matter; an occurrence which commonly takes place in from four to seven hours. The flaps are now brought together and retained by several points of interrupted suture and strips of the isinglass plaster. No bandage is applied at first, but the stump is left uncovered and cool. About the third or fourth day, (but earlier when the stump is heavy,) a bandage is applied towards the end of stump, and when suppuration is fairly established, the plaster is removed, the stump dressed with lint dipped in tepid water covered with oiled silk, and the bandage brought over the end of the stump, in order to support it.

*Case of Slow Pulse with Fainting Fits. By T. H. HOLBERTON, Esq.*

As this interesting case does not admit of analysis, we extract it textually.

A gentleman, aged sixty-four, in December 1834, whilst hunting, fell from his horse on his head, with his chin thrown violently on his sternum. He was stunned, and on recovering himself, he said that he 'had broken his neck.' He was attended by Mr. Dix of Long Buckley in Northamptonshire. He complained of general soreness and stiffness, and of great pain in the neck about the cuneiform process and condyles of the os occipitis. He was helpless and could not move in bed, and was totally unable to rotate the head. He was cupped, &c., and the head supported by an air-collar.

The pain in the neck continued about six weeks. At the end of three months he was enabled to be removed to London, and was seen, I believe, by Mr. Keate. Mr. Dix saw this gentleman about a year afterwards, looking very well, and in excellent spirits, but still complaining of a difficulty in moving the head.

There was no further particular observed in this case until January 1837, when he had a fainting fit whilst walking out. Mr. Jackson of Stamford was sent for, and he found the pulse at twenty in the minute.

In the same year, after having been at the Spring races at Newmarket, and excited, and having fasted for several hours, this gentleman had a second fit.

In the following June, after a similar excitement, he had another attack. At this time he was attended by Dr. Mitchell, and his pulse was then twenty-five in a minute.

When I first saw this gentleman in March 1837, his pulse, when he was free from excitement or casual disorder, was thirty-three, but it was easily altered. Mental excitement usually increased it, and, in general, this was followed by a corresponding slowness of the pulse, and often by a fainting fit; and a sudden rise of the pulse, or even a gradual increase above the point, that might in his state be called his healthful standard, usually indicated mischief, and was found to be a bad symptom. Costiveness, and disorder of the stomach and bowels, always affected the pulse, by increasing or diminishing it, and were the most invariably exciting causes of a fainting fit. Gout, to which he was very subject, was another cause.

The general character of the pulse, when he felt well, and was free from disorder, was firm, full, and free; sometimes quite regular, sometimes intermittent.

The attacks increased in frequency as well as in degree as time advanced, and the first most severe and alarming *succession of fits* occurred in June 1838. On the previous day, this gentleman had eaten heartily of a variety of substances at his dinner, and on the following day about one o'clock P.M., syncope came on, and a succession of fits continued till half-past six or seven in the evening, with intervals of one or two to fifteen minutes between the attacks. I gave him brandy and other stimuli, without stopping or even abating the fits; on the contrary they seemed to increase the mischief, for they made him sick, and disordered his stomach. His pulse on this occasion sank consi-

derably; it chiefly ranged between twenty and fifteen per minute, but at times it fell to twelve, ten, nine, eight, and at three or four different times when the patient was quite sensible and not in a fit, I counted his pulse as low as seven and a half in the minute. Dr. Mitchell on a subsequent occasion also observed this very low state of pulse, as did Mr. Cullen, who was then acting as my assistant.

If the finger were placed on the radial artery, the approach of a fainting fit might always be known sometimes for a second or two before it manifested itself by any change of countenance. The pulse would cease before the syncope took place; and the fit would continue till the heart again beat, when the face would redden and consciousness return with a wild stare and occasionally a snorting, a slight foaming at the mouth, and a convulsive action of the muscles of the mouth and face.

The frequency of the attacks was uncertain. Sometimes the patient would have two or three in a day, sometimes one in two or three days, at other times one in a week; sometimes one in a fortnight, or three or four weeks. Sometimes the fit would be severe, and all consciousness be lost; at other times there would be a mere threatening or giddiness.

Stimulants, nervous and antispasmodic medicines, were had recourse to, for the purpose of warding off the attacks, but without any marked advantage, and the treatment that was found at length to be the best, consisted in carefully regulating the bowels, preventing the formation of acid in the stomach, giving a plain nutritious diet, with three or four glasses of wine a-day, or a proportionate quantity of brandy and water.

As before stated, the frequent exhibition of stimuli not having the desired effect of stopping the attacks, but rather being productive of injury by exciting the system and disordering the stomach, the treatment that Dr. Mitchell and myself found to be the best, during a fit, was simply to fan the face, apply the Eau de Cologne, &c., to the nostrils, forehead, and temples, and, if there were a disposition to a continuance, to give coffee or tea.

The most severe single attack this gentleman had, except the one which destroyed him, occurred at his dinner, about six months before his death. He had hastily eaten a mutton-chop, and was taking a second, when he was suddenly seized, and was, to all appearance, for a few seconds, dead.

His last attack, in April, 1840, occurred also at his dinner, and was attended with no convulsive movement or other symptom, either in character or degree, that had not been noticed in the previous fits;—it differed only in its termination.

The body was examined by Mr. Liston and Mr. Ancram thirty-six hours after death, in the presence of Dr. Mitchell and myself.

#### *Mr. Liston's Report.*

*Chest.*—Lungs healthy. Heart large. The parietes of the left ventricle rather thin. The lining membrane was much thickened generally. The left auriculo-ventricular opening was rather enlarged, and admitted three fingers very easily. The valves of the aorta were healthy. The lining membrane of the right ventricle was slightly thickened in several places. The right auriculo-ven-

tricular opening was extremely large, and admitted the points of four fingers and thumb. The valves of the pulmonary artery were quite healthy.

*Head.*—The dura mater was very firmly united throughout its whole extent to the cranium, which was dense and unusually thin. There was a large quantity of serum contained in the cavity of the arachnoid. The substance of the brain was slightly congested. It was in other respects perfectly healthy. The medulla oblongata was small in size, and extremely firm in consistence. The foramen magnum was altered in shape. The antero-posterior diameter much diminished. The superior part of the odontoid process of the axis appeared to have been pushed back, and somewhat raised above its usual situation. The antero-posterior diameter was so much narrowed that it would not admit of the little finger. The dura mater, and ligament covering the posterior part of the body of the axis, were very much thickened. The atlas was in its usual situation, but the articular cavities were firmly ossified to the condyles of the occipital bone, and permitted no motion whatever between the atlas and skull. There was a slight unnatural projection on the lamina on the right side, between the spinous process and articular process of the axis.

No ossification or calcareous deposit was found in any part of the vascular system. The blood was in a fluid state.

The pneumogastric nerves were large, and the middle cervical ganglion of the right side was unusually developed.

In tracing the history of this case, we cannot but be struck at the slow developement of the symptoms, as bearing connexion with the state of the parts found on dissection; the first fit not occurring till two years after the accident, and death not produced till upwards of five years after the fall.

The injury to the occiput and to the first and second vertebræ at the time of the fall, must have been very great, though insufficient then to cause any visible effect on the functions of the spinal cord.

Inflammation, however, followed, and a consequent thickening of the ligaments, which narrowed the foramen magnum and upper part of the spinal canal, and thus affected the medulla oblongata and upper part of the spinal cord, diminishing the size and increasing the density of these parts.

This gentleman was enabled to ride on horseback until the fits came on, though with caution, and at a slow pace.

He never had paralysis, nor alkaliescent urine, but was during the last three or four years of his life liable to cold feet and general chilliness. He never, after the first few weeks from the accident, suffered pain in the neck, and his spirits, when he was free from attacks, were excellent, and his general health often very good."

We shall notice, on a future occasion, the remaining contents of this volume.



## PUBLIC INSTITUTIONS FOR THE RELIEF OF THE SICK.

[The receipt of the last annual report of the Bridgewater Infirmary has been the occasion of directing our attention to some excellent observations published by Mr. Jonathan Toogood, on the utility of public institutions for the relief of the sick. We reprint the remarks of Mr. Toogood, which have been confirmed by an experience of thirty years. The abstract of expenses, &c., for the year 1841, shows that 1,164 out-patients, and 152 in-patients, have received efficient medical relief for the moderate sum of 469*l*.]

Numerous and excellent are the hospitals in this kingdom—and no country can boast of so many—still their number has been found insufficient to afford relief to the many objects which constantly present themselves: accordingly, dispensaries have been established in London, and other large places, as auxiliaries to those on a larger scale. Within these last few years the number of these auxiliary charities has much increased: and as they are calculated to afford a great deal of benefit at a moderate expense; and as they do not by any means interfere with, or supersede the necessity of, larger and more extensive institutions; it will be the object of this paper to illustrate the advantage of local establishments for the relief of the indigent sick.

Every medical practitioner must have found that cases frequently present themselves, amongst the lower classes and labouring poor, which do not admit of adequate relief at their own homes; and that consequently many valuable lives are lost, which might probably have been saved, if the sufferers could have obtained that advice and assistance which their cases demanded.

This applies more particularly to those who, though not actually paupers, are yet frequently objects of greater charity. The scanty pittance which this class of persons can afford to appropriate to advice and medicine, will not go far towards the removal of a painful disease or the alleviation of a serious accident.

It often happens that persons of this description, who, by their mutual industry and frugality, have been enabled to furnish their houses, and to provide themselves with decent necessaries, are suddenly reduced to poverty by the affliction of sickness. Their trifling savings are soon expended in procuring common necessaries, and nothing is left to supply medical assistance. The next step which these poor creatures generally take is, to dispose of their remaining property to obtain the necessary means for their support; and, after a long and painful struggle, they are reluctantly compelled to apply for parochial relief. The minds of many of this class revolt at first at the idea of resorting to such aid; they feel themselves degraded by it; and that spirit of independence which it is their pride to possess, and which it is so necessary to preserve, is for ever destroyed.

In times like the present, when distress has been so generally felt, many tradesmen and mechanics have been reduced from a state of compa-

native independence and comfort to indigence; they have become proper objects for institutions of this kind, and have suffered no degradation in their minds, or in the estimation of their neighbours. Servants, too, are at all times proper objects, and ought to be relieved by such public charities. A fit of sickness is a great misfortune to any one, but to none more particularly than to servants, who in a short time are often compelled to part with all the earnings of their labour, if their cases are properly attended to; or, if their means do not enable them to procure such assistance as is requisite, are incapacitated from supporting themselves.

Although the humanity of our profession is, I trust, as extensive as its usefulness, it must be acknowledged that the system of farming parishes by the year (a system which cannot be reprobated too much) often prevents the poor inhabitants from receiving that attention which is so important to their recovery: for it often happens that the overseers\* of parishes will contract for the medical and surgical care of the poor with the practitioner who will undertake it at the cheapest rate, without paying due regard to the humanity and skill of the contracting party; and much and deeply is it to be regretted, that in our enlightened profession men are to be found, willing to do that which their own consciences disapprove. It is a well-known fact, the salaries afforded by some parishes are so trifling, that the first slight illness which occurs in a poor family absorbs the sum allotted for the whole year; and, consequently, it is quite impossible that any medical man, however great his humanity and desire to fulfil that which is required of him, can devote such attention to those cases as he would to others under different circumstances. It is to be hoped that this uncharitable system will soon be abolished. Would it not be more for the interest of parishes to support institutions of this kind? And would not their burdens be lessened by doing so? The advantages to medical practitioners, and more especially to pupils, are too obvious to be insisted on.

In whatever point of view, then, this subject is considered, I think it will be found that local institutions for the relief of the sick are worthy our best attention and support; and that in no way can so much charity be exerted at so trifling an individual sacrifice. These considerations induced me to invite my medical brethren in this place to attempt an establishment. By the liberality of the inhabitants of this town and neighbourhood, a highly useful institution has been formed; and, in a period of nine years, a great deal of good has accrued from it.

As it was necessary that the greatest economy should be practised, it was determined to follow the plan of the Wiveliscombe Public Dispensary as nearly as possible; and, to expend no money in building, a house was rented and fitted up for the accommodation of eight in-patients, and for rendering assistance to out-patients. The donations enabled the managers to accomplish this; and the annual subscriptions were equal to every expense except the board of the out-patients: and here, again, the plan pursued at Wiveliscombe was resorted to, by making the in-patients allow 5*s*. a week towards their maintenance. A committee,

\* Subsequent experience has proved that Poor-law guardians are little better than "overseers."—Eds.

treasurer, and secretary are appointed; and a respectable woman resides in the house, in the capacity of matron and housekeeper, with a nurse under her. As this house was found inconvenient in many respects, an appeal was made to the liberality of the subscribers, three years since, with such success as to enable the committee to purchase a most desirable house for the purpose, excellently situated, and capable of affording every comfort to the patients. The benefits of the charity, consequently, have been greatly extended. The cases which have fallen under the care of the physicians have, of course, been by far the most numerous; and a great portion of them have been very serious, and demanded great skill and attention. Although those belonging to the surgical department have been fewer, they have not been less important; and amongst the variety of cases which have presented themselves for operations, the following have been successfully performed:—cutting for the stone, fractures of the skull, amputation of the shoulder-joint, popliteal aneurism, amputation of the thigh, leg, and arms; &c. &c.

This description of charity claims superiority over all others, particularly from its easy attainment and trifling comparative expense. County hospitals require great subscriptions for their formation, and considerable funds for their support; but local institutions of this kind are established without much difficulty; and a small annual subscription will afford very extensive relief. In every town and neighbourhood people are to be found who would willingly make donations for so charitable a purpose, and as readily subscribe a guinea annually for its support; especially when it is found that the sum is so well applied, and that they materially lend their aid in alleviating the sufferings of their fellow-creatures. I hope and believe that medical men are everywhere to be found, willing and ready to afford their gratuitous assistance. I beg it to be distinctly understood, that it is not my wish to detract from the merit and usefulness of county hospitals. I am ready to admit the benefits conferred by them, to the fullest extent; but as the means of raising and conducting larger establishments are difficult to be obtained, whilst the necessary funds for carrying on such institutions as the one proposed are within the reach of most towns, and even of large villages; and as cases daily occur which require such prompt and immediate assistance as can only be afforded on the spot, I think they may be more generally adopted.

“JONATHAN TOOGOOD.”

*Abstract of admissions, expenditure, &c., for 1841.*

The number of out-patients treated was 1,164; of these, 953 were cured; 15 relieved; 9 died; 4 discharged at request; 27 made in-patients; 1 discharged for irregularity; 69 re-admitted; 66 remaining on books.

One hundred and fifty-two in-patients were treated; of these 118 were cured; 16 relieved; 4 made out-patients; 2 re-admitted; 2 forfeited; 1 dead; 9 remaining in house.

The receipts during 1841 were 476*l.*; thus made up. Subscriptions, 311*l.*; donations, 39*l.*; collections at churches, 41*l.*; patients' board, 58*l.*; interest, 25*l.* The expenses were 469*l.*, viz. house expenses and wages, 260*l.*; medicine and dis-

pensing, 121*l.*; rent, &c. 25*l.*; repairs, &c. 15*l.*; furniture and instruments, 6*l.*; stationery and printing, 21*l.*; sundries, &c. 17*l.*

## SEPULTURE IN THE CITY OF LONDON.

THE following remarks on this subject were delivered at a recent meeting of the Common Council of the City of London.

“Mr. Anderton said it was high time that burials should be prohibited within the city. The scenes, in fact, which daily took place in the churchyards within the city were revolting in the extreme. Under the churches in the very heart of the city bodies were buried, not in leaden, but in wooden coffins; and not forty-eight hours ago, in a churchyard near his residence, he had seen broken pieces of coffins and the ashes of the dead removed by grave-diggers, to make room for new coffins; so that, notwithstanding all that had at different times been urged against the practice of crowding the city churchyards, there were many who, with their eyes and understandings open, persevered in that which all other civilized places condemned and abhorred. The adherence to the old system was strangely enough proved by the fact, that in some churchyards furnaces were prepared for burning the old coffins and the bones they contained.—(Expressions of surprise and disgust.) He was happy to find that the Bishop of London had directed his attention to the subject, and he felt convinced, from the general feeling expressed, that all that was necessary to accomplish the great object of burying the dead at a distance from the populous city of London, was the presentation of a petition to parliament.—(Cheers.) He felt assured, also, that the members of that court would deserve and receive the grateful acknowledgments of their fellow citizens for recommending immediate measures for the abolition of the existing practice.”

“Sir Peter Laurie said it was quite evident that with respect to the sepulture of the dead, no place in the world could be in a worse condition than the city of London. He supposed that every one had read Mr. Walker's pamphlet on the subject, and he felt much gratification at the appearance of so many beautiful cemeteries round the metropolis, and at the great public feeling on the subject of close interments which was daily exhibiting itself.”

“Mr. R. Taylor much approved of the report. In the parish in which he resided, the gravedigger had lately been killed by the fall of a pile of coffins. He also found by the parish books, that the graves were ordered to be dug to a very enormous depth, in order, of course, that the greater number of bodies might be deposited in them. Of the depth to which the unfortunate man who was killed had dug, some opinion might be formed, when it was said that sixteen coffins had tumbled upon him. In fact, the top of a grave was as far from the bottom as a two pair of stairs window was from the ground. In no great city in the world was such a thing allowed as sepulture within its precincts, and he trusted that London would not much longer form the revolting exception.”—*Times newspaper.*



## FOREIGN MEDICAL LITERATURE.

*Kiestein*.—In Guy's Hospital Reports for July, 1840, Dr. Golding Bird first described this peculiar substance which floats on the surface of urine passed by pregnant women, and which Dr. Bird regards as almost constantly attending the state of pregnancy.

Dr. Turchetti has repeated the observations of Dr. Bird, and arrived at the following conclusions, which differ considerably from those of the English physician. He has found that the pellicle of *Kiestein* forms on the urine of women who are not pregnant, and of women who are; that it occurs during health, and during the course of inflammatory disorders; at puberty and before puberty; that it gives out the odour of casein in all cases, but chiefly in the urine of full-grown women; that it occasionally exists in the urine of nurses, but never in that of man.—*Il. Rac. Med. et Exam. Medical*, No. 15.

## A DENTIST DOCTOR.

DR. JOHNSON informs us, in the last number of the *Medico-Chirurgical Review*, under the head *INTELLIGENCE*, that the degree of Doctor of Dental Surgery has been conferred on Dr. Koecker, of Conduit-street, by the Baltimore College of Dental Surgery. The learned editor must be very hard up for news when he treats us to such intelligence as this.

CHAIR OF MEDICAL JURISPRUDENCE  
IN THE UNIVERSITY OF GLASGOW.

Died at Glasgow on the 9th current, Robert Cowan, Esq. M.D., Regius Professor of Medical Jurisprudence in the University of Glasgow.

The patronage of the chair belongs to the Crown, but will probably be exercised by His Grace the Duke of Montrose, Chancellor of the University. We trust that His Grace, who probably will make choice of a gentleman of his own side in politics, will reject every attempt which may be made to put him in leading-strings on the occasion, and that he will appoint no one who is not thoroughly acquainted with those branches of science, such as physiology, pathology, and chemistry, of which medical jurisprudence is merely an application.

## BOOKS RECEIVED.

The Diseases of Children, their Symptoms and Treatment, &c. By George Augustus Rees. Highley, London, 1841. 8v. pp. 300.

A Practical Treatise on the Principal Diseases of the Air-passages, Lungs, and Pleura. By Alfred Catherwood, M.D. Duncan and Malcolm, London, 1841. 8vo. pp. 208.

Guy's Hospital Reports, No. XIII. Highley, London, 1841.

Principles of General and Comparative Physiology, &c. By William B. Carpenter, M.D. Second Edition. Churchill, London, 1841. 8vo. pp. 577.

Clinical Researches on Auscultation, &c. By Jules Fournet, &c. Translated from the French, by Thomas Brady, M.B., &c. Part I. Churchill, London; Famin and Co., Dublin, 1841. 8vo. pp. 227.

Memoire, &c.; or, Memoir on the General Etiology of Lateral Curvature of the Spine, depending on Active Muscular Retraction. By M. Jules Guérin. Paris, 1840.

Memoire, &c.; or, Memoir on a Case of Traumatic Luxation of the Second Cervical Vertebra, Reduced by a peculiar Method. By M. Jules Guérin. Paris, 1840.

Memoire, &c.; or, Memoir on the Influence exercised by Atmospheric Pressure on Serous Secretions. By M. Jules Guérin. Paris, 1840.

Essais, &c.; or Essay on the Subcutaneous Method, &c. By M. Jules Guérin. Paris, 1841.

Recherches, &c.; or, Observations on Congenital Luxations, &c. By M. Jules Guérin. Paris, 1841.

## TO CORRESPONDENTS.

The publisher of the *PROVINCIAL JOURNAL* begs to inform gentlemen desirous of completing their sets, that a new and improved series, containing Sir A. Cooper's papers, &c., commenced with the last volume, April 3, 1841. The back numbers from this period may be obtained through the medium of any bookseller or newsman in town or country.

The letter from Mr. James shall appear in our next number.

The wish expressed by a correspondent at *Reading* shall be attended to.

The sub-editor of the *Gazette Medicale de Paris* is requested to inform M. Guérin, that the parcels containing his memoirs have been received. The one intended for the *Lancet*, and addressed, by mistake, to Dr. Green, has been forwarded to the office of that journal.

Letters and communications should be addressed to Dr. Hennis Green, 53, Margaret Street, Cavendish Square. Letters connected with the Provincial Association may be addressed to Dr. Streeten, Foregate Street, Worcester.

Printed by THOMAS LEOTSON, of 105, St. Martin's Lane, in the Parish of St. Martin in the Fields, and GEORGE JOSIAH PALMER, of 20, Regent Square, in the Parish of St. Pancras, at their Office, No. 3, Savoy-street, Strand, in the Precinct of the Savoy; and published by JOHN WILLIAMS RUMSEY, at his Residence, No. 6, Wellington-street, Strand, in the Precinct of the Savoy.—Friday, October 15, 1841.

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# PROVINCIAL MEDICAL & SURGICAL JOURNAL.

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## LECTURE

ON THE

## APPLICATIONS OF CHEMISTRY TO MEDICINE.

INTRODUCTORY TO THE CHEMICAL COURSE IN  
THE NEWCASTLE MEDICAL SCHOOL.

October 1, 1841.

By Dr. GLOVER,

LECTURER ON CHEMISTRY AND TOXICOLOGY.

GENTLEMEN,—On this occasion I am induced to deviate somewhat from the ordinary routine of an introductory lecture, for reasons which may be briefly specified. Medical science appears about to undergo a great and beneficial change, from the use, by the medical inquirer, of those resources which an advanced state of the physical sciences places at his disposal, and from the diffusion of more philosophical notions than have long prevailed of the mode in which medical facts should be arranged and generalized. At the same time, many members of the profession seem not to be fully convinced of the value of the resources alluded to; nor to employ in practice such a mode of reasoning as should proceed from a clear conception of the logical constitution of medicine.

The object of the present lecture is not to enter into a full explanation of this general subject; but to convince those who are to honour me with their attendance during the ensuing course, that by indulging a love of the beauty of truth whilst in pursuit of the wonderful facts and lofty doctrines of a magnificent science, they are also qualifying themselves for the duties of the profession to which they have devoted themselves.

Before entering on the particular consideration of the topics announced, I deem it proper to make some general remarks, having reference to objections sometimes urged against the practical value of scientific studies. And lest any one should deem I am fighting with a mere shadow, the history of the introduction of the stethoscope may be referred to—and the prejudiced opposition which his useful discovery encountered from the mass of the profession. The same feeling which opposed the use of the stethoscope, now exists, to some extent, with regard to the application of chemistry to medicine; and he who devotes himself with zeal and ardent hopes to this new and promising investigation, receives from many that most damatory title of *theorist*, which in some cases, when I have heard it applied, should have been translated into zealous and persevering, observing and talented,—nay, I may venture to add, *practical*, in the true sense of the word. The meaning of these terms, theoretical and practical, as they are often used, is but the expression of a distinction which has ex-

isted between the philosophical and empirical practitioners of medicine from the earliest periods, and is well stated in the pages of Celsus. This distinction arises naturally from the difficulties attending the practice of the healing art—the ignorance of all but its professors regarding it, which proceeds from the unpopularity of the preliminary studies of the medical man, and from the obscurity with which the results obtained in the treatment of disease are veiled from those most interested: from all these causes united, an extensive career is opened to every species of pretension. No profession requires such general attainments and extensive mental cultivation; and consequently, when we consider the difficulties which beset the path of the conscientious and scientific practitioner, and the fatal ease with which the empiric may practise, we easily expect that no scrutiny can guard against the admittance into the medical profession of men inferior to its duties, and ever ready to maintain their position, by proclaiming loudly that empiricism is the only correct mode of pursuing medical truths, and that generalization, founded on analogy and the aids offered by science, is useless.

The distinction between the empirical and philosophical physician was much better marked in ancient times than at present; and for this many reasons might be given. The three-fold origin of medicine in the temples of *Æsculapius*, the *Gymnasia*, and the *Academies*, would necessarily cause some difference of view in the pursuit of the science among men differing in caste and educational bias. The physical sciences were for a long period incapable of affording material resources; and the earlier and slighter observations in medicine are made with a comparative facility which does not attend the future progress of the science, but caused it to attain a certain degree of development, when the experimental sciences had scarcely an existence. This difference is founded, as shall afterwards be shown, on the principles of inductive logic, for we may compare the advance of the whole human race in knowledge to the progress of an individual, and account for the various phases of the cultivation of science from the study of the process which the mind is compelled to adopt in generalizing its sensations.

But, even in the infancy of the art, we find the father of medicine uniting the science and the practice of his day, and the treatise on the influence of air and locality furnishes sufficient proof of his desire to avail himself of such resources as science could then afford.

And with regard to theory and practice it may be observed, that nothing is less practical than a mere fact which can include nothing and relate to nothing, until the mind has worked on it and associated it according to the laws of mental assimilation. Those sciences which are the most abstract are in reality the most practical, being the highest generalizations, and therefore including most with-

in their grasp; and to talk of that being false in practice which is true in theory, is to assert, that our Maker has deceived us and taught us to form false conclusions, through the legitimate workings of the intellect. Let us then make sure of our footing, but endeavour to climb the loftiest pinnacles of science, that we may feast our view with the illimitable prospect below.

Before concluding this lecture, I trust to exhibit sufficient proof of the value of chemical research in the strictly practical department of medicine. Chemistry may be said to afford assistance to medicine directly, by the light it throws on the theory of disease and on treatment, and by the many valuable remedies which it has furnished; and indirectly by the illustrations it lends to physiology—the basis of pathology; and by its numerous applications in forensic medicine and in hygiene.

After treating the subject under these heads, the order of which I shall however slightly alter, I shall make some remarks on the logical place of such resources as the physical evidences afford in the elevation of the general laws of medicine.

First, then, of the applications of chemistry to physiology. We may regard the organized being as an entity which effects changes on foreign matters, fitting them to become part of its structure, and remove such parts of the structure as are unfit for the purposes of life. We have a force which attracts matter around it, and performs such changes on this matter as are required for the existence and development of the force in a certain form. These changes both of incrementation and excrementation are, for the most part, essentially chemical; we must state them in the language of chemistry, as we arrive at a knowledge of their nature chiefly by chemical analysis. It is true that we cannot explain how these changes are effected by the vital principle. We can only say that they are produced by vital affinities, in the same way as we speak of the chemical action exerted by the rays of light, by heat, or by electricity. The nature of the ultimate force cannot intervene in our explanations of physiological laws, any more than the truth of the law of gravity is dependent on the knowledge of the cause of attraction.

The physiology of digestion may be taken as an illustration of the wide scope of chemical reasoning in explaining the functions of the body. The mode in which we explain the presence of chlorine in the gastric juice, and also the action of this fluid, yields a case in point. Chloride of sodium, introduced from without, is decomposed in the stomach by a species of electro-vital affinity—the stomach forming as it were the positive, and the liver the negative, poles of the battery. Thus the necessary condition of acidity of the food during chymification is secured; and as the soda of the decomposed salt is eliminated with the bile, this acidity, unnecessary during chyfication, is corrected in the duodenum. Then follow chemical explanations of the reducing and converting operations of the digestive organs on the principles of the food; of the completing processes carried on in the lungs, and at the extremity of the circulation; of the change of arterial into venous blood, by the conversion of the albuminous principle of the blood into the gelatin of the cutaneous envelope; of the evolution and maintenance of animal heat; of the various processes of secondary assimilation, by which

the effete portions of the tissues are removed; of the extrication of carbon by the lungs and liver, and of nitrogen by the kidneys, the conversion of gelatin into urea, and of albumen into lithic acid;—in one word, of all the alterations which take place during secretion and excretion, as far as they have been explored.

2nd. Of the application of chemistry to pathology and therapeutics. The early cultivators of chemistry were mostly medical men, and made many attempts to explain the phenomena of disease by means of their favourite science. But their efforts were for the most part premature, and only brought discredit on the legitimate use of chemical reasoning. The human mind appears subject to something like the mechanical law of action and reaction; and the extravagant and fantastic hypotheses of Paracelsus, Van Helmont, and Sylvius, after a transitory reign, only left behind them that sensation of disappointment and disgust which attends expectation unfulfilled, after being raised to the highest pitch.

The humoral pathology, whose history has, in modern times, been intimately connected with that of medical chemistry, had a similar sway, and again fell into too great neglect at a period when morbid anatomy began to be cultivated with the zeal and industry by which such valuable results as those we now possess have been obtained. At length it came to be observed that the changes of which ordinary morbid anatomy is cognizant, are only secondary to alterations in the fluids, which constitute so large a portion of the system, and are more interested in the commencement of diseased actions.

Now the alterations of the fluids require to be investigated by the microscope, and especially by chemical analysis. Compared with the results likely to be obtained by these potent instruments of research, what has been hitherto accomplished in pathology may prove insignificant, although valuable at present as the basis of more important investigations. In approaching the real nature of disease, the ordinary, perhaps we might say the old morbid anatomy, must appear as mere picture-making beside the kind of research of which we have a model in the work of Dr. Prout. And at a future period, when medical chemistry shall have produced results of which at present we have but little conception, this immortal work shall remain like some ancient and venerable pillar in the midst of a flourishing metropolis—an eternal monument of its author's glory.

Hufeland, in his work on scrofula, has forcibly pointed out the importance of a pathology of the fluids. "I cannot sufficiently repeat that, to judge adequately the state of a system of organs, we must take into consideration the system itself and the fluids which it holds in circulation, for the influence is reciprocal." He proceeds to remark, "the fluids are the natural stimulus of the vessels, or, in other terms, the vessels only enter into action by the irritation exercised on them by the fluids: this is a law of nature. Nevertheless, we hear but of the irritability of these vessels as the cause of their movements." Again, "the humours are the natural stimulus of the solids, the moving force of their functions, which proves, let us state in passing, that the fluids should be considered in a pathological system."

I lay so much stress on the importance of a consi-



deration of the diseased states of the fluids, because it seems scarcely possible to discover them, except by chemical analysis, which, however, is equally applicable to the study of the alterations of the solids of the body from their healthy state.

Of late the researches of Bright, Prout, Christison, Rayer, Willis, Becquerel, Golding Bird, and Andral, have contributed to found a true chemical pathology, of which a few illustrations may be given.

Andral has discovered that the prominent principles of the blood vary in disease extensively from the healthy standard of proportion; and that these variations characterise four great classes of diseases; and although his analyses be but superficial, still they show the value of this kind of investigation, since, without regard to any other nosological arrangement, they have led him to found certain genera having much the characters of natural families.

Thus the phlegmasiæ are characterised by excess of fibrin in the blood, and the same condition prevails in the latter stage of phthisis. The pyrexia by general diminution of the fibrin and increase of the globules, which state bears a ratio to the amount of existing depression of the powers of the system. The same circumstances have been observed in the cerebral congestions and hæmorrhages. In chlorosis we find the type of a class of diseases, in which the globules are diminished in quantity, but the proportion of fibrin little affected. Or the alteration of the blood may be of quite a different character, and the organic matters of the serum may be removed, as in Bright's disease of the kidney.

The value of medical chemistry is strikingly exemplified in the investigation of kidney and urinary disease. The kidney is one of the most important organs of excrementation. Any considerable deviation from its healthy texture is speedily followed by serious or fatal consequences. This organ, as Dr. Willis remarks, is found very far down the scale of the animal creation; since even in insects we find organs which appear to excrete nitrogen, and frequently contain calculi of uric acid. In fact, the healthy state of the kidney appears scarcely less essential than that of the lung to the maintenance of animal life. The food of animals may be regarded as finally decomposed, by the action of the organism, into carbonic acid and urea, the former excreted by the lung, and the latter by the kidney.

The most important diseases of the kidney are manifested by changes in the character of the urinary secretion, which for the most part must be detected by chemical analysis. Either the healthy ingredients of this fluid vary in their proportion from the healthy standard, or some of them are removed, and frequently foreign matters are substituted. The most important points in the pathology of Bright's disease have been elucidated by the use of the resources which chemistry furnishes. Thus we are enabled to discover that in this disease the nutritious principles of the blood are allowed to escape by the kidney, while this organ does not separate that excrementory principle and those salts which in the healthy state its chief office is to remove. Thus the deprivation undergone by the blood, and the introduction of a poisonous principle into this vital fluid, are the indices of the phenomena of that Protean dis-

ease. Cases are continually occurring, where, without some knowledge of chemical manipulation, the practitioner must be continually at fault in the diagnosis of Bright's disease. Such are the intermixture of coagulable urine with pus and mucus from an ulcerated bladder, or the existence of a large portion of phosphatic salts in the urine. Diabetes is another disease in which chemical analysis has been of great service. In particular, the detection of sugar in the blood of diabetic patients has given us a clearer insight into the real nature of this affection, proving that it is not to be attributed to the kidney, but to mal-assimilation either in the processes of primary or secondary digestion.

The study of calculous affections, and the connexion between them and disorders of digestion, so admirably treated by Dr. Prout, furnish us with innumerable instances of the applications of chemistry; and being unwilling to accumulate illustration, I shall conclude, under this head, by quoting the words of this author in the preface to his last edition, where he states that he "invites the candid criticism of the experienced chemical pathologist, who alone is capable of appreciating his labours."

When we turn our attention to what chemistry has done for the treatment of disease, and then consider what may yet be accomplished through the resources of this ever-progressing science, we are astonished by the vastness of the subject. Chemistry is here useful by the discovery of new remedies; by the rules which it frequently furnishes for the administration of remedies; by the view which it affords us of their medicinal action, and by the precautions which it enforces in their combination. Even in the days of Paracelsus, chemistry here shone supreme; and it was by the employment of those remedies with which his chemical art furnished him, that this extraordinary being was enabled to overturn the then existing superstitious veneration for the ancient authors. In the words of the learned Morhof, which, on the ground stated, are alone applicable—"Magna tamen in ipso mentis vis fuit, magna arcanorum naturæ cognitio, quo factum est ut medicinam in novam aliquam speciem transfunderet. Gloriari tamen Germani hoc nomine possunt. Hujus enim artibus, pene tota schola medicorum Galenica de sua dejecta est dignitate. Quod viro illi contigisset in juventute literarum cultura, quibus ornasset suam doctrinam non majus habuisset Germania nomen."

As instances of the benefit which the progress of chemistry has conferred on medicine, merely by the discovery of new remedies, nearly every article in the materia medica might be adduced. Look at the benefit we derive from the recently invented process by which the active principles of so many drugs are separated from others absolutely obstructive of our wished-for aim, and by which we can retain those active principles of uniform strength in forms incapable of alteration by keeping. The discovery of iodine is a case in point too brilliant to be overlooked. This remedy had been administered in the form of burnt sponge, according to my learned friend Dr. Cogswell, from the time of Arnold of Villanova in the thirteenth century. And as the drug was prepared on no uniform plan, since no one knew the rationale of its action, nor the nature of its active principle, an



infinity of opinions prevailed with regard to its merits. Nay, this *questio vexata* was not finally settled, until the discovery of iodine in sea plants led Coindet to conjecture that the virtues of burnt sponge might depend on the newly-discovered principle. How felicitous this conjecture proved! Here we are presented as it were with the spectacle of one groping his way in the dark hesitatingly and with dread, on whose hitherto obscured path a flood of light is at once directed.

It is with great pleasure that I refer to a recent discovery of Mr. Alexander Ure, as affording an instance of the successful treatment of a disease on purely chemical principles. The effect of the mutual action of the benzoic and uric acid is to produce the urobenzoic or hippuric acid, whose salts are very soluble compared with those of uric acid. On this fact Mr. Ure proposed to administer benzoic acid to gouty patients, with the view of changing the insoluble urates of gout-stones into soluble hippurates, and thus procuring their removal from the body. And this proposal has been successfully carried into effect both in this country and in France. Equally chemical is the treatment of many forms of deranged digestion, and of diabetes; and by the operation of remedies administered on chemical principles, the use of the knife, that *ultima ratio medicorum*, is frequently precluded in calculous disorders.

I pass over the other points of view indicated, in which we may regard the applications of chemistry to therapeutics, and proceed to the third division of the subject—forensic medicine and hygiene. Here the applications in question are so numerous and so obvious, that I shall only refer to them generally, without giving any detailed illustrations.

By chemistry, we are taught to comprehend the destructive agency of corrosive poisons, and to estimate the amount of mechanical injury which they are capable of inflicting on the tissues; to detect deleterious agents in the blood and organs, and thus to determine the parts to which they are chiefly directed, and the functions which they are most materially calculated to affect. By the same means, it may be observed, the therapeutic action of remedies is better understood; for the toxicological study of an agent is but that of its remedial agency exaggerated, and manifested on a hitherto healthy organ. Thus, in one point of view, physiology may be said to stand in a similar position to therapeutics, as that which physiology itself maintains in regard to pathological science.

By means of the aids which chemistry offers, is the medical jurist often enabled to convict the guilty, or enjoy the supreme satisfaction of succouring the innocent and oppressed, and allowing the poor victim of popular calumny to recover his liberty, and to preserve his life, to vindicate his fame, and to avert ignominy from his memory. Never does the native dignity of our profession soar higher than when we realize those awful or beneficent privileges. Then the ignorant sufferer is made to reverence the supremacy of science, and the worldling to admit that knowledge is power. For we have reason indeed to be proud of the position which our profession occupies in facilitating or rightly directing public justice. And we should all strive with our utmost energies to maintain the ground we have thus gained, nor to bring disgrace by any inadequacy of ours on the lofty

claims of science. And here nothing short of an extensive acquaintance and familiarity with chemical research is available. The evidence of Orfila proved the existence of arsenic in the body of Laffarge, after less experienced chemists failed to detect its presence. There is a general impression in this country, that the testimony of Orfila has been shaken by subsequent researches. But there can be no doubt of the truth of the conclusions arrived at on that occasion by this great physiologist. The recent reports of the Academy of Medicine and the Institute, on arsenical testing, differ on minor points, but agree that a practised chemist cannot fail to detect the difference between the stains which Marsh's apparatus yields with arsenic, and those which are obtained through it with organic substances.

In the doctrine of miasms and contagions, in the detection of deleterious effluvia and their destruction, chemistry is not less applicable; witness the concluding chapter of Professor Liebig's work, translated by my friend Dr. Playfair; and the recent paper of Dr. Daniell on the extrication of sulphuretted hydrogen on the coast of Africa, by the action of organic matter on the water of the ocean.

The subject of mineral waters offers a beautiful field to the medical chemist; but it is so well known, even to those unconnected with the medical profession, that chemical analysis is required to ascertain the constitution and therapeutic character of the various species, that I do not think it necessary to dwell on this application of chemistry.

4thly. I arrive at a subject which appears to me of great importance, but which I shall not be able to discuss in a commensurate degree in this lecture—I mean the consideration of the logical place which the resources, offered by the physical sciences occupy in the general laws of medicine. The whole connexion of this question with the recently-proposed applications of statistics and the doctrine of probabilities to medicine should be stated. At present I must endeavour to arrive at the point aimed at in a few prominent observations.

We have, first, two classes of sciences—those which are abstract, and those of fact.

In the latter class, the mind is constantly striving to overcome the obstacles which its imperfect media of communication with the external world interpose; and to obtain the same control over physics that it has over the purely abstract notions out of which it eliminates the propositions of the abstract sciences. To do this, it endeavours to reach the ideas of power, causation, and connexion between facts observed to accompany one another, which are excited in it by the observed relation of the facts, but which, nevertheless, exist in it alone, and cannot be discovered to have anything like them in the external world. These ideas of relation, power, and force, are exactly the ideas which, according to Locke, owe their birth to internal sensation; and could the mind obtain them by induction, its control over physics would be as complete as that which it exerts in the abstract sciences.

As an example—we see a spark fire gunpowder:—we inquire why; and we make this inquiry because we are compelled to believe in an adaptation of the spark to bring about the deflagration. But neither in our early or subsequent investiga-



tions, however far we push the inquiry, can we detect this adaptation; but the search after the cause produces a series of physical laws.

Now, an experiment is an attempt to establish a relation between two or more properties, *i. e.* to ascertain whether an apparent relationship be irregular or non-essential, or constant and essential, dependent on the very nature of the properties:—and this, whether the properties are to one another as antecedent and consequent, or merely exist simultaneously.

Now, by an experiment, the labour of induction is materially abridged, since having found a genus of instances to contain a property *a*, and this to be connected in a manner which we are compelled to believe essential in some instances of the genus with *b*, we assert that the two properties exist connected throughout the whole genus.

In order to place the properties in such lights as to enable us to judge of the essentiality or non-essentiality of their relationship, we frequently require the use of instruments.

We term that observation as distinguished from experiment, where the instances do not admit of being investigated prerogatively, and where every instance of a genus must be examined before a general conclusion can be arrived at.

The logical difference between medicine and the physical sciences, whether of observation or experiment, may be stated to consist in this—that in medicine we cannot form the preliminary genus required for the explication of prerogative reasoning; neither can we frame a true and strict general law by any labour. For every human being differs from another in respect of the character required in our inductions. And new, *i. e.* different, instances are continually occurring. We know, by experience, that a remedy will cause different effects, and a morbid lesion occasion different symptoms in different members of the human race. So that we are obliged to travel from instance to instance, founding our application to one of what has been observed of another, on an assumption of probability. Hence some have proposed to apply the calculus of probabilities to the generalization of medical facts. Be it observed, that we are not the less bound to carry out our generalizations into practice, because they are founded on this assumption of probability. The general laws of medicine are as binding on us in practice, as those of physics; because, if they are rightly framed, we have made every allowance that the case admits of. Now the applications of the resources of the physical sciences does not enable us to overcome this fundamental difficulty, but it better fits the instances for entering into our calculations.

## CASES

FROM THE EARLY NOTE-BOOKS OF THE LATE

SIR ASTLEY COOPER, BART.

EXTRACTED WITH PERMISSION OF B. B. COOPER, ESQ. F.R.S.

No. X.

LACERATED URETHRA.

CAPTAIN B. fell on board a ship, and struck the perinæum upon a piece of wood, which occa-

sioned bleeding from the urethra, and retention of urine. The urine passed as far as the perinæum, and collecting there, produced a large tumor, but it could go no farther. A catheter and bougies were attempted to be passed, but without success, and I cut, therefore, into the tumor in the perinæum, and then desiring him to make water, it flowed with great freedom from the wound. On the next morning the urine passed the natural way, and the wound from his own inattention closed. The urine continued to pass through the urethra, but still not the smallest bougie could pass, and the stream, when I last heard of him, was very much contracted.

### STRICTURE FROM BLOW ON THE URETHRA.

A young gentleman from Horsham, by a fall, received a blow upon the perinæum, and a small quantity of blood escaped from the urethra; the passage of his urine gave him much pain, and the stream gradually diminished. It is now two years ago since the accident happened, and the urine passes in a very small stream, and is sometimes retained. A bougie being passed about six inches down, could not be made to go farther. A very small one, however, at last passed. His urethra had been probably lacerated by the fall, and the cicatrix had contracted, and produced the stricture.

### EFFECTS OF MERCURY.

Brassy or smoky taste in the mouth—the gums white and swollen—the teeth unusually sensible to cold air and water—gums ulcerated about the roots of the teeth—the cheeks ulcerated opposite the dentes sapientiæ—the teeth loose and often painful—increased quantity of saliva secreted—bleedings from the gums and cheeks—sloughs from the gums and cheeks, and exfoliations of the lower jaw.

Chilliness—sensation of cold water running down the back—pulse quickened—increased secretion of urine—loss of appetite—restlessness—sweating—purging often—tenesmus, vomiting, irritation in the skin—pains in the joints.

If an effect is produced by mercury, and from any cause the use of the mercury is suspended, it becomes extremely difficult again to occasion a mercurial effect.

### INCREASING ITS EFFECT.

The warm-bath is the most certain mode of making the mercury affect the mouth. Mr. S— had used mercury so as to affect his mouth for a node on the tibia; great inflammation came on in the bone, and it was necessary to suspend the use of mercury. When he had recourse to it again, the mouth could not be affected, although half an ounce of mercury was used in the form of ointment. I ordered a warm-bath, and in two days the mouth became sore. Mr. R— had great difficulty in affecting himself with mercury; he used the warm-bath, and in three days the mouth became very sore.

### DECREASING ITS EFFECTS.

The effects of mercury are decreased by bark, wine, and stimulating food of all kinds—by opium more especially—also frequently by purges—in the mouth by a gargle of argent. nitrat.

## PURGING.

If purging comes on during administration of mercury, it is right to suspend its use for a day or two, and to give opium or pulv. rhei gr. x.

## SWEATING.

If profuse sweats are occasioned by it, the same plan must be pursued. Bark allowed with stimulating food.

## DEBILITY.

When great debility is occasioned by the use of mercury, it must be used in very small quantities, but not entirely discontinued, unless absolutely necessary, and bark and opium, with generous diet, be allowed.

## SLOUGHY CHANCER.

Mr. C—— has a chancre upon a penis previously diseased by chancre, but which still had quite healed. This fresh chancre put on a sloughy appearance, and extended into the urethra, and it seemed to be the use of mercury which occasioned this state.

Mercury was discontinued; a yeast poultice applied, with unguent. elem., and he was ordered to bed, and the sloughs came off in four days.

Mr. C.'s chancre still spread after the sloughing stopped, and I ordered him mercury, and the sloughing recommenced. I ordered then sarsaparilla, bark, and the aqua calcis and calomel. This did not agree, for some sloughing continued, which was removed, however, after a few days. I then advised sarsaparilla with nitric acid; this did not agree, and a bread and milk poultice, at the same time applied, brought away a bloody discharge, and the sloughing increased. I then ordered sarsaparilla, and used a scruple of spermaceti ointment, but the sloughing continued, although at the same time wine was allowed, sometimes much, sometimes but little, according to circumstances.

Next—bark in the quantity of eight drachms in the day was administered, with about a pint of wine, and a carrot poultice was applied. The sloughing immediately stopped and cleared away. A chancreous appearance was still obvious, and I ordered half a drachm of ung. hydrarg. to be rubbed in every night. This renewed the sloughing, and it was obliged to be discontinued. Opium gr. iij. per diem was ordered, but it also occasioned sloughing at first, with much nervous trembling, but it did not continue long. His appetite was not injured by it. He was also ordered black wash instead of carrot poultice. He was at last cured by sarsaparilla, wine, and black wash.

## PUS OFFENSIVE.

Mr. M—— had a large abscess formed by the side of the rectum, and extending into the scrotum. He had been a luxurious man, and was 64 years of age. The matter which was discharged amounted to a pint; it was mixed with grumous blood, and so offensive, it was scarcely possible to remain in the room after the evacuation of it. It had no connexion with the rectum. Ordered, madeira and port, bark, opium, cordial confection.

## STRICTURE IN THE RECTUM.

Mrs. H—— had a stricture of the rectum; she

had laboured under it for years, and complained much of the inconvenience it occasioned her. I therefore introduced twice a week into the rectum a speculum ani, by which the gut was widely opened, and the bougies were capable of being laid aside.

## CANCER OF THE BREAST IN THE MALE.

Mr. E——, aged more than 70 years, had a cancer take place in the right breast. It first appeared as a scirrhus, which became painful, and after a time ulcerated and discharged a bloody ichorous matter. It also extended by absorption into the glands of the axilla.

I removed this disease, and the old gentleman recovered.

I saw a gentleman from Rochester with an open cancer in the breast, to whom I recommended to suffer the removal of it, but he did not consent. It extended to the axilla, and destroyed him.

## DESCRIPTION

## OF AN

## IMMOVABLE APPARATUS,

FOR THE MORE EFFICIENT TREATMENT OF COMPOUND FRACTURES OF THE LEG, OF SIMPLE FRACTURES WITHOUT SPLINTS, AND OF INJURIES TO THE ANKLE-JOINT.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—If you deem the accompanying description of an apparatus which I have for some years been in the habit of using in the treatment of severe compound fractures of the leg, worthy of a place in your widely circulated journal, I shall feel obliged by its insertion.

I remain respectfully yours,

F. A. BULLEY,

Surgeon to the Royal Berkshire Hospital.

Reading, October 16, 1841.

I am aware that I may be thought guilty of presumption, and to arrogate to myself the merit of discovery, in venturing to suggest any improvement in the ordinary method of treating severe compound fractures of the leg; but as the results of injuries of this description are frequently so uncertain, and as frequently involve the credit of the surgeon, and the loss of life or limb of the unfortunate sufferers, I am sure that any hint, however slight, will be received in the spirit in which it is intended. I therefore take the liberty of offering a few observations on the means I have for some years past been in the habit of using to alleviate the protracted suffering incident to cases of this kind, with the view of bringing their management more immediately under the influence of mechanical art.

The frequency of accidents of this nature (some of them of extraordinary severity) which, owing to the vicinity of the works of the Great Western Railway, have occurred in the neighbourhood of this town, has given me extended opportunities of



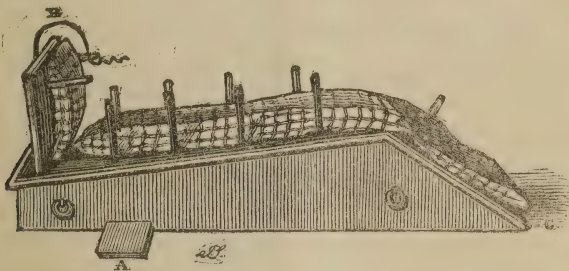
closely observing their progress, and remarking the comparative inapplicability of the mechanical means usually employed to assist in the restoration of the injured parts, more especially as regards their complexity and expensive construction, and their utter incapacity to produce what I insist upon being absolutely indispensable, i. e. a permanently elevated position of the fractured limb above the horizontal level of the body; and this led me to direct my attention particularly to this part of the treatment. The result has been, that, after many trials, I succeeded in constructing the apparatus which I am now anxious to describe, and which has since been used in the casualty ward of the dispensary and in the hospital, both by myself and my eminent colleagues, with the most happy and successful results.

It has been acknowledged by surgical authorities of all countries, from the days of Heister down to the present time, that the invention of any apparatus for the treatment of compound fractures of the leg, which would have the effect of bringing the injured limb into an easy elevated position above the level of the body, and so retaining it, was a great desideratum. The subject has, therefore, at various times engaged the attention of mechanical surgeons, and many ingenious but elaborate and expensive contrivances have resulted. They have generally, however, been found to fall short of the object intended. The apparatus invented by Mr. Hagedorn for the suspension of the limb, approaches more nearly to the attainment of the required position, than any I can call to mind;

but it is probable it can never be brought into general use owing to the intricacy of its machinery, which is difficult to understand, its liability to derangement, and the impossibility of adopting it in hospitals, or the houses of the poor, who are most frequently the subjects of these accidents.

There can be no doubt, then, that the end to be principally aimed at in the treatment of compound fractures of the leg is to obtain the elevation of the injured limb considerably above the level of the body, in order to prevent excessive vascular engorgement, and to moderate, in some degree, the inflammation and subsequent suppurative process which almost always follow in the train of these accidents. The apparatus I am about to describe accomplishes this purpose certainly and easily, and has the additional advantage of remaining immovably fixed, during the whole process of the cure, in the position it assumes when first applied; my object being, also, to suggest a simple and economical contrivance, by which all the advantages to be derived from the permanently elevated position, may be insured at little cost and of easy application.

I have found that the apparatus I have invented has the effect of bringing the muscles of the fractured limb into a state of the most complete repose, such as is not to be obtained by any of the machines in ordinary use; and in proof of this I can safely say, that I have never known, in any case where it has been employed, the occurrence at any period of the treatment of any painful spasm, or muscular catchings, or any consequent displacement of the fractured ends of the bone.



The apparatus itself is simple in the extreme. Its three sides are formed of beech boards, an inch thick, which give it great solidity, and, from its peculiar construction, a state of permanent immobility. It has no machinery to regulate the inclination of the planes, as its mode of action depends upon a fixed mechanical principle; it cannot, therefore, be made to answer the purpose of a common double-inclined plane, its only object being to produce the elevation of the fractured limb in a permanent and easy position above the level of the body. *A* is the cross bar upon which the machine moves. The pressure of the nates and lower part of the trunk upon the thigh-piece at *C* depresses it, and consequently raises that portion of the machine upon which the leg of the patient rests, by its partial revolution upon the cross bar *A*. By this pressure, that portion of the machine anterior to the transverse bar (i. e. from *A* to *C* constituting its long lever) becomes imbedded in the mattress, and secures the permanently immovable position of the apparatus. It may be said that on the removal of the nates and trunk from the thigh-piece at *C*, the machine would resume the position

of the double-inclined plane, as it appears in the cut; but this will be found not to occur, as it is prevented by the greater length and weight of the lever from *A* to *C*. There is a double row of pegs upon the upper plane, which are moveable, and afford greater facility in dressing the limb: between them is placed a long pad covered with oiled silk, the edges of which are bent up between the pegs, so as to form a hollow bed for the leg.

The footboard *B* is so constructed as to slide in a groove in the upper plane, for the purpose of regulating its required length. In the last improvement, it has rather a greater inclination than is represented in the drawing, in order to produce more perfect flexion of the foot. Into its upper part is inserted a curved iron rod, which extends horizontally over the lower part of the machine. This rod is formed at its extremity into loops, over which are drawn the tapes of a sling, placed under the leg just above the os calcis. I have found this sling to be useful in regulating the lower portion of the fractured bone, more steadily and tenderly than it could be done by hand, by slightly tightening the tapes when necessary; and also in

relieving the exquisite neuralgia which so often affects the heel in long-standing cases, and the sloughing of the integuments from pressure. A very slight movement of the tapes will effect this without the least displacement of the fractured ends of the bone. I may here mention, that in the accompanying woodcut the angle of incidence of the planes is made to appear too great, owing to a mistake of the artist. An apparatus made *exactly* according to the drawing would not produce any material elevation of the limb, but it serves very well to explain the action of the machine.

Mr. Weiss of the Strand, at whose house the apparatus may be seen, has undertaken to construct it, after a pattern I sent him, and to explain its use according to the directions which accompanied the model. It may also be obtained of Mr. Laundry in the Borough.

I conclude with some general directions for its application:—A piece of deal board, about eight inches wide, must be placed across the bedstead, on whose frame it would rest at the distance of about eighteen inches from the foot; over this are to be placed the mattress, bed, and sheets. The cross bar of the machine is then to be placed in a line parallel to and over this board, of course the mattress, &c. intervening. On placing the limb upon the machine, it will be seen that the weight of the body depresses the long lever at *C*, and therefore raises the lower part of the apparatus, in consequence of the board across the bars of the bed preventing the depression of the machine at *A*. Its action may be said altogether to depend upon the movement of the long lever anterior to the cross bar upon the bar itself.

I will not occupy your valuable pages at greater length, trusting you will allow me in a future number to make some further observations on the cases of compound fracture in which I have used my invention with success; as well as some remarks upon its application to the treatment of simple fractures without splints, and of some other injuries affecting the lower extremity.

## SLOUGHING OF THE BLADDER.

### SLIPPING OF A BOUGIE INTO THE BLADDER.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—As a member of the Provincial and Surgical Association, I have, since August last, regularly received the *PROVINCIAL MEDICAL AND SURGICAL JOURNAL*. I believe the intention of the hebdomadal supply of that Journal to the members of the association was, that they may have an opportunity of seeing, and, if they thought proper, of publishing any cases of interest that might occur in their practice, but may not be of sufficient interest or importance to have a place in the annual report. Should you consider the following of that class, you will oblige me by giving it a place in an early number of your Journal.

On the 4th ult., about 10 o'clock P.M., I was requested to call on Mrs. D., a little woman whom I had attended five or six times before; she was then in labour with her eighth child; she generally had very untoward times, and always very large children.

I found the pains very strong and regular; on the first examination, I accidentally ruptured the membranes, and an unusual quantity of liquor amnii escaped; on proceeding, I found the os uteri amply dilated, and the head presenting; the pains were not quite so strong or frequent after the waters were discharged, still they continued pretty regular till 8 o'clock the next morning, without advancing the labour; I then left her, and returned again about 11 o'clock; there had been no pain during my absence, and the child's head had scarcely passed the brim of the pelvis; there was a sort of point formed by the scalp protruding into the cavity of the pelvis. This was the only progress that had been made in the thirteen hours from the time I first saw the patient, and I learned from the nurse, that she had had very strong pains during the whole of the day before I was sent for; as the pains had gone off, and the poor woman seemed worn out for want of rest, I saw no good in further delay. I therefore gave the family to understand that there was no chance of her giving birth to a living child, and that, in order to save the mother, it would be necessary for me to have recourse to artificial means; they readily gave their consent; finding that I could do nothing with the forceps, I at once proceeded to perform the operation of craniotomy. Having reduced the size of the child, the delivery was completed with the blunt hook without much difficulty, except a little trouble with the shoulders, the child being a very large one. The patient continued to go on very well until the 10th, six days after the delivery, when I was sent for; on my arrival, I was informed that in the night there had been a very great discharge, but not coloured, (the lochial discharge had nearly stopped;) so much, that it had saturated the bed, and the woman was wet up to the shoulders,—this was the expression of the nurse; there was no pain previous to the discharge, and it occurred without the woman being aware of it. On passing the hand over the abdomen, there was no pain on pressure, nor did it seem to increase the discharge. There appeared to be no constitutional symptoms to demand any particular treatment. I merely ordered the bandage round the body to be drawn a little tighter, and as the bowels had not been opened, I sent a mild aperient draught. The next day I found that the discharge still continued; I inquired if the patient had made water in the night; she said very little, but she thought it passed away from her by the smell of the napkins. Thinking that there must be some loss of power about the neck of the bladder, I gave her to understand that it would be necessary for me to ascertain what really was the matter, by an examination, and perhaps to introduce the catheter into the bladder; this was objected to, as she thought she might be better. The next day, however, I was allowed to pass a small silver catheter, which was done without any pain or difficulty; finding that no water escaped, I introduced my finger into the vagina, and soon discovered the true nature of the accident; I felt the end of the catheter projecting into the vagina instead of being in the bladder, and to my great surprise a large opening in the neck of the bladder into which I could pass two fingers; it seemed to be of a triangular shape, and from its jagged feel I should say that the aperture had been caused by sloughing; but before this took place, there must



have been inflammation, and one would suppose much pain in the part, but I had heard no complaint whatever. I must confess that I was much surprised at finding so much mischief had been produced, and astonished that such a breach had been made in such an extremely irritable organ as the bladder, without causing more pain and inconvenience to the patient; all she complained of was a little heat about the vagina, and scalding; she sat up two or three times after the urine escaped, and in that position it did not run off so freely, but the moment she lay down, the bladder seemed to empty itself. Being fully satisfied of the nature and extent of the disease, the next thing was to set about the cure; in attempting this I was rather discouraged by what I had read and heard, and there was also a great reluctance on the part of the patient to having anything mechanical done; at last she consented, and I introduced rather a large-sized gum-elastic catheter through the urethra into the bladder: this had the effect of dividing the urine and scattering it about the vagina, but *none* passed through the catheter. Being fully satisfied that the catheter was in the bladder, I contrived to keep it there by tying a piece of tape to it, and then fastening it round the body and thighs; this was about 12 o'clock in the day; at 11 P.M. I called, and still found the urine running away, but the nurse said she thought she saw a little drop from the catheter. The woman was restless, and complained for the first time of a smarting pain in the passage, and wished me to withdraw the catheter; fearing the consequence of its running all night, I did so, and it was very evident, by its dripping when removed, that some urine was left in the bladder. I ordered her to continue the mixture she was taking, which contained morphine, spirit of nitrous æther, and camphor mixture, and left her for the night; next morning I was gratified at finding that there had been but a very little discharge of urine, and that she had passed a very small quantity twice in the natural way, and continued to do so all the day. The next day I fancied that there was a little fulness over the region of the bladder; fearing that any distension of the organ might produce fresh mischief, I attempted to pass the catheter again, but finding some little resistance I desisted, thinking I might do harm by persevering; the discharge of urine from the vagina grew less daily for about five days; the woman now makes water as well as ever, and suffers no inconvenience from what has occurred, except a sensation of feeling as though she wanted to make water when in an erect position.

Whilst I am on the subject of the urethra and bladder, I will relate a case that came under my care a few years since. I was consulted by a stout, robust exciseman, who seemed to be fond of tasting as well as gauging excisable liquors, and when under the influence of it he was subject to retention of urine; he was half drunk when I saw him; the bladder was much distended, and the poor fellow appeared to be in great agony. He had been in the habit of passing a bougie himself, but that day he had not been able to get it into the bladder. On my producing the bougies, he pointed out the size of the one he had been in the habit of using, and without much difficulty or inconvenience I got it past the stricture, which no doubt was only spasmodic. I wished him to let the bougie remain a minute or two in the urethra,

but at that moment I was called out of the surgery, and was absent about five minutes, not more. On my return I found the exciseman laid back in the chair, snoring away, with the penis erect, but no bougie visible. I roused him, and inquired for the instrument. His reply was, that he had left it in the passage, but it was not to be seen. I now examined the penis, and about an inch and a half down the urethra I felt the end of the bougie. I tried to force it out, but in so doing altered its form. The heat of the part had so softened it, that I flattened the end by taking hold of it. The poor fellow became very much frightened. While I was deliberating on what to do, he had a strong desire to make water, accompanied by a sort of spasmodic jerking, which seemed to move the bougie. This continued at intervals of two or three minutes, till at last I had the satisfaction of seeing the end of the bougie peeping out of the urethra, and, as you may suppose, I took good care that it did not get out of sight again. On removing it, more than a quart of urine escaped.

I am aware that there is nothing very extraordinary in the medical or surgical treatment of either of the above cases, but the knowledge of the successful termination of two not very common accidents may tend to cheer and to give confidence to the practitioner who may be so unfortunate as to meet with similar cases in his practice, and this is the only object I have in view in drawing them up for publication.

I am, gentlemen,

Your obedient servant,

GEORGE KING.

Bath, Oct. 16, 1841.

## RUPTURE OF THE UMBILICAL CHORD.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—If you think the following accident in midwifery worth noticing in your weekly journal, it is much at your service. Perhaps it furnishes a hint both to practitioners and nurses.

Your obedient servant,

E. COPEMAN.

A short time since, I was summoned in haste to attend Mrs. C. in labour. I had previously had intimation that her labours were generally very quickly over, and therefore hastened to her assistance with as little delay as possible. When I arrived, however, I found it "all over," the child born and dressed, and the placenta removed. The patient was pale and faint, having, as I understood, lost a good deal of blood before the expulsion of the placenta. On my making inquiries about the infant, the nurse put on a countenance portentous of mischief, real or imaginary, such a one as accoucheurs desire not to look upon, though often doomed to behold. She told me she had been much frightened, and that something was "very wrong" with the child. The cause of her alarm was as follows: the umbilical cord had been twisted about the neck and body of the child, and being very thin, and the child forced into the

world in a great hurry, had been torn off close to the navel, there being not enough left to admit of a ligature being placed upon it. As the child was bleeding very much, the nurse, in the hurry of the moment, pinched up the skin surrounding the navel, and tied a piece of cotton round the whole, by which means the hæmorrhage was stopped. By passing a small curved needle and ligature through what small portion of cord was still remaining, I was enabled to draw it out just far enough to put a few threads round it without including any portion of skin. I then removed the ligature which had been applied by the nurse, and found it had not been tied tight enough to injure the skin. No sloughing ensued, the umbilicus closed at the usual time, and the child suffered no further inconvenience.

Coltishall, Oct. 2, 1841.

## PROVINCIAL

## MEDICAL & SURGICAL JOURNAL.

SATURDAY, OCTOBER 23, 1841.

MUCH as has been written on the subject of medical reform, far more must yet be indited ere the public at large, or even the profession itself, becomes sufficiently imbued with that clear perception of what is needed—that full conviction of the necessity of amendment, without which no adequate reform of the medical profession can be obtained. Desirous of lending our best aid to a cause in which we feel a deep interest, we shall, on the present occasion, offer a further illustration of what the exigencies of the profession and the well-being of the community appear to us to demand.

Previously to any specific inquiry, however, we wish to call attention to a few preliminary considerations, that seem to be too generally overlooked. In the first place, it is essential for reformists of all kinds to bear in mind the *vis inertiae* which indisposes the great mass of the people at all times to any great political change. It is natural that reformists should overlook this; and that, incited by the very ardour, which makes them reformists, and mistaking their own convictions for those of the general community, they should imagine that what they see so clearly, and believe so confidently, must, of necessity, be equally obvious to, equally admitted by, all!

This is a great mistake—and by committing it reformists immeasurably damage their own cause, retarding the accomplishment of their designs by the very energies through which they aim at effecting them.

On the unreasonableness of the disinclination to change referred to, it is vain to argue. It is enough that it exists, and it is the part of true wisdom so to deal with it as to overcome its resistance to salutary changes by the only means by which this can ever be weakened, namely, by enlightening the public mind, and by proving, irrefragably, that the amendments sought are both safe and needful. The public feeling alluded to is itself right, and deserves not to be treated either with ridicule or reprehension. There is great truth in the remark of Hooper, that “change is not made without inconvenience even from worse to better.” Yet, disregarding both the public indisposition to change, and the reasons by which this could be justified, reformists are ever prone to urge for hasty adoption whatever speculative views they may have themselves formed, and to oburgate all who will not keep pace with their wildest contemplations.

They who have watched the progress of medical reform for the last forty years, will be at no loss for illustrations of the tendency, on the part of reformers, here adverted to.

For dealing with the public reluctance to innovate, ridicule and reproach, though the means customarily resorted to, are about the worst that can be employed; for thus urged, the parties assailed, like the fabled traveller and the wind, only draw their cloak of prejudice more closely around them. A far better mode is, by clear dispassionate reasoning, to show that the amendments projected are founded in truth and reason, and that it is for the advantage of all parties that such amendments should be carried into effect.

Another error into which reforming zeal is too often betrayed, is that of disregarding the existing state of things, with reference to which all political emendations require to be modified. An evil is perceived, and a remedy is imagined, which the projectors, aiming at an ideal perfection, would carry to an extent that would annihilate much which needed not to be disturbed. With this error the more zealous medical reformists are, in many instances, chargeable.

A further error, much too prevalent, is to impute to all who may cling to existing institutions and uses corrupt motives in the preferences evinced. With respect to the great mass of the community, such a charge is egregiously untrue. For the tardiness with which so many open their minds to the expediency of reforming projects, many reasons may be assigned which have no relation either to corruption or selfishness.

All minds are not equally percipient of political derangements, and the proportion is not large of those whose faculties are capable of tracing to their



source such derangements when perceived. Again, numbers, absorbed by the ordinary cares of life, have neither leisure nor inclination for embarking in political disquisitions of any kind. Many also are timid, and shrink from all change merely as such; and where ancient institutions exist, the number is considerable of those who hold tenaciously to them through habitual and honest attachment. To impute to all these various characters corrupt motives for any backwardness in the cause of reform which they may display, would be not only glaringly unjust, but eminently impolitic, for never can this or any other cause be served by such sweeping denunciations.

It is time, however, to enter on the more immediate object of the present article, in which our propositions must be briefly sketched, it being reserved for future occasions to dilate on whatever may now be left incomplete.

Our first proposition is, that *whatever interest the members of the medical profession may have in a right political adjustment of it, that of the general community in its completeness and efficiency is far greater.*

To render this truth so clear to the comprehension of all as not to be gainsaid, is the very first duty of the medical reformist; for until the public became sufficiently impressed with it to co-operate with the profession in requiring from the legislature the amendments needful, the progress towards the consummation of such design will be slow, desultory, and uncertain.

It is only from attention being never directed to the subject, that the public can possibly be ignorant of the deep interest which they have in a right adjustment of the medical profession. All are liable to attacks of disease, and very few wholly escape them. When they occur, all who are assailed look almost intuitively to the medical practitioner for safety and succour.

Such accessions of disease, too, being oftentimes sudden, often urgent, relief is frequently sought, not from the practitioner of most approved skill and knowledge, but from him who can be first obtained, who may or who may not be adequately qualified.

Is it not, then, a matter of great importance to the community, that all who profess the art of physic, and assume its duties, should have their competency duly attested ere they are suffered to undertake so careful a responsibility? Does the present condition of the profession furnish this guarantee? Assuredly not, for so destitute is it of adequate political organization and protection, that ignorance and impudence, to the obvious detriment of those who resort to them, are at full liberty to compete, unrestrained, with those who have faith-

fully and laboriously acquired their attested skill. Is not the liability of thus falling into the hands of ignorance and presumption, an evil affecting the general community? and would it not be a public good if all risk of such a contingency were removed?

And this leads us to our second proposition, which is, that *no one should be legally authorised to practise physic in any of its branches, whose competency in all these has not been tested by suitable ordeals, and attested by a competent authorised board.*

It may be imagined that the several existing colleges and institutions, through their degrees and diplomas, fulfil this end. But it is far otherwise, as a very brief explanation will suffice to demonstrate.

Such is the nature of medical practice, that whoever undertakes any branch of it should have a thorough knowledge of all. A physician unacquainted with surgery, and a surgeon uninstructed in physic, are alike defective in their qualifications, and unprepared for the duties which respectively devolve on them, while the distinctions which obtain in the professional designations of surgeon, physician, general practitioner, and accoucheur, serve beneficial ends,—such is the unity of medical science, that no one can be adequately qualified for the practice of any branch who is not thoroughly acquainted with all. But, numerous as are our qualifying institutions, not one exists for attesting the full qualifications of the medical practitioner, save the London University, which alone embraces, in its curriculum of study and course of examination, all the branches of knowledge required. The physician's degree vouches only for his knowledge of physic, and the surgeon's diploma attests the possession of surgical knowledge alone. Each of these practitioners may or may not supply to himself the knowledge which his professional education leaves deficient; but the public, who have health and life dependent on his skill, should not be left to the chance of such a contingency, it being the bounden duty of those high authorities by which the public welfare is superintended, to provide that all who undertake the practice of physic in any of its branches, should be fully proved as to their knowledge of all.

Our third proposition therefore is, that *the existing institutions for qualifying medical practitioners are all defective, each leaving the candidate for its honours untried in some portion of that knowledge which it is indispensable that every practitioner of physic should possess.* This leads directly to the inquiry how such a deficiency can be best supplied.

From what has been stated, it appears that of all the existing qualifying bodies, the University of

London alone enforces a course of study and examination which comprises every branch of the art.

Were all future practitioners to derive their qualification from the degree of the University of London, there would be little more to desire in this respect. But to compel this by legal ordinance would be too great a stretch of power; would inflict great injustice on the many collegiate bodies now engaged in furnishing medical instruction; and would create a monopoly which could not fail to lead to evil. Far preferable would it be to leave all such undisturbed, but to provide a national board for supplying the deficiencies of each especial class, by finally testing the complete knowledge of every candidate whencesoever emanating; and, on the proof of his full competency, granting a legal license to practise, this being the only license recognized by the state.

It is imagined by many who have but slightly investigated this subject, that all the ends of a medical reform would be served by the existing institutions modifying their several courses of proceeding on a more liberal and enlightened policy, and a tendency to such change in these bodies has begun to be manifested. But it is a radical misconception to believe that the ends of medical reform would be so attained, or that the public would thus be protected from the injuries to which they are now subjected. By the amendments commenced and contemplated in the existing institutions, each may greatly improve its own branch, and the public be thus indirectly benefited. But the question at issue is, not how shall each branch become better qualified, but how the public shall be secured in the competency of every practitioner entering the profession? This is the grand desideratum, and no reform which does not provide effectually for it can be otherwise than incomplete. The science of physic in its unity embraces physic, surgery, midwifery, and pharmacy. However existing institutions may extend and improve their respective systems, none of them could, by possibility, supply to the public what its exigencies need. Each would still preside over its own branch only, while what the public wants require is a concentration of all branches in one collective profession, of which every individual should, ere he enter on practice, or receive a legal license for so doing, prove, before a competent tribunal, his adequate qualification. By some such procedure alone can a medical profession be ever constituted; for, in the present state of the profession, it is a solicism to use the word as it is expressed, a positive and definite entity—all the subdivided branches belonging to the profession; but where are we to seek for any distinct

enunciation of what the profession really is, or of what it embraces? By no one existing institution save the University of London could this abstract idea of a profession be exemplified.

The physicians, however highly they may improve their own branch, do not constitute the profession, nor would they be competent to preside over the collective body of practitioners. The same may be said of the surgeons. Each party might still render valuable service to the cause of science and humanity, by advancing to the utmost its own branch; but no perfection that could be thus attained would supersede the necessity of a consolidating institution, nor realize what the establishment of a national examining and licensing board would at once effect.

As our fourth proposition, then, we would state that *the establishment of a national examining and licensing board can alone restore the natural unity of the profession, or afford to the public due security for every licensed practitioner having the qualifications which he ought to possess.*

With this we close our present discussion, to be resumed, from time to time, as circumstances may incite.

While we deem the establishment of a legalised profession the first requisite in medical reform, and that without which no reformation can be consistently or efficiently pursued, we are aware that more will be required for the due government of the collective body thus created. No perfection, however great, that could be introduced into the government of the practical institutions, could suffice for that of the collective body. This body, when consolidated, must govern itself, and by a representative government; but such an arrangement would in no way trench on any rights or interests of existing institutions, all such being free to rule their own corporations as they think meet.

It may be surmised that the establishment of a national licensing board would have the effect of alienating students wholly from the existing institutions, and thus damaging them, if not destroying them. Of any such result we have no fears. While all would be required to take out the national license, the number would be great of those who would not be content with it, but would seek further distinction to gratify a commendable ambition which will never cease to exist. It is in direct proof of this assertion, that though, since 1815, the Apothecaries' Company have granted a full legal license to practise, which rendered the diploma of the London College of Surgeons unnecessary save as an honorary distinction, this latter, instead of being dispensed with, has been sought with increased avidity; the admissions to



the college, which in 1814 were only 221, having progressively increased until, in 1839, they reached 675.

This undeniable and most expressive fact may suffice to allay the fears of those who apprehend that the establishment of a national license would undermine existing institutions, or deprive them in the slightest degree of the estimation to which their merits would entitle them. Much rather would it operate as an incitement to those bodies so to conduct their concerns as to sustain their acquired character, and maintain by their real excellencies the hold which they possess on the predilections of the profession.

## ROYAL BERKSHIRE HOSPITAL.

(Practice of Mr. F. A. BULLEY.)

### COMPOUND FRACTURE OF THE FEMUR. DEATH.

JAMES HIGHMORE, æt. 35, was admitted into the casualty ward of the Reading Dispensary, August 14, 1838, on account of a compound comminuted fracture of the left femur, about the middle of the bone. It appeared that he had been working with some other men in a deep cutting of the Great Western railway, under a projecting portion of the earth, which he and his companions had been undermining. When the signal was given that the earth was about to fall, he endeavoured to escape, and in doing so his foot struck against a temporary rail, and he fell, an immense weight of clay at the same time falling on the injured thigh. When drawn out from the mass in which he was partly buried, it was found that the left femur had been fractured, the upper end of the bone projecting through the integument and lacerated muscles, the lower portion being shattered into a great number of fragments. There was great general contusion of the limb. Besides the loose comminuted pieces of bone, the portion of the fractured femur nearest to the trunk was found to be split up in a longitudinal direction, the fissure extending nearly as far as the root of the trochanter major. He had apparently received no injury, and did not seem to be suffering from any particular shock resulting from the accident, and had retained his consciousness throughout.

As far as I could learn from the persons who brought him, and from his own account, it did not appear that he had lost any considerable quantity of blood; and, on examination, it was found that the femoral artery was impervious, as well as the profunda, both of which had been injured, but not torn through by the fractured portions of the bone. It was subsequently found that the cellular covering of these vessels had been lacerated, leaving their coats entire, their cavities being filled for some distance above and below the exposed portion with firm coagula. He stated that before the accident he was in perfect health, and that he had not been particularly addicted to drinking, or intemperate habits.

When brought into the ward he was apparently

free from pain, and talked cheerfully to those about him, entertaining a hope that his limb might be preserved, and that there would be no necessity for amputation. He remained in this tranquil state of mind for about half an hour, when my colleagues arrived, and it was considered expedient in consultation to remove the limb, as offering the only chance of his life being saved.

On my informing him of the result of our consultation, a marked and immediate change came over him. He turned pale, and became dispirited and desponding, and, from being just previously talkative and happy, he became suddenly silent and dull, not seeming to have strength enough to articulate audibly to those about him. He was shortly afterwards attacked with slight general quivering of the muscles, his lips became exsanguineous, and, in about a quarter of an hour after I had informed him of what it was necessary to do, he expired without a groan, his attendants being hardly conscious of the change which had occurred. An opportunity being afforded of inspecting the body, I examined it in all its parts with great care, with a view to gain some satisfactory information which would enable me to account for the sudden change and rapid dissolution which had occurred in this case.

There was no appreciable lesion of any of the thoracic or abdominal viscera, nor did they appear to be in any considerably congested state. The brain did not seem to have suffered, and the only appearance of change in the cranial cavity was that of slight turgescence of the vessels of the pia mater, the blood in which was of a peculiarly dark unhealthy colour. The sinuses of the dura mater were also full of the dark-coloured blood. The blood contained in the larger arteries and veins, and in the heart, was of a uniform dark colour, approaching black, and of a thin treacly consistence, having apparently entirely lost its tendency to coagulation.

There was no difference in the appearance of the blood in the arteries from that found in the veins; that in the former having lost its more obvious arterial character, its bright red colour, and assumed the same dark unhealthy appearance as that in the sinuses and veins.

Besides this general alteration from the healthy condition of the blood, there was no other lesion to direct me in forming a satisfactory opinion as to the cause of this patient's death. It is therefore fair to infer, and indeed obvious that to this altered condition the fatal termination was mainly to be attributed. Whether a sudden fright, or vivid mental impression, could have the effect of changing the healthy condition of the blood so suddenly and completely, is a matter for interesting speculation. But I believe it has been thought to do so in some cases not otherwise to be accounted for, although I do not recollect any recorded instances of a changed state of the circulating fluid being immediately attributable to this cause alone. I need scarcely remark, that in this case it was impossible purulent absorption could have occurred in so short a time as elapsed between the receipt of the accident and death.

#### REMARKS.

I have instanced the preceding cases\* merely to

\* For Mr. Bulley's other case, see page 54.

show that death sometimes occurs without any appreciable lesion beyond an altered condition of the blood being discovered after the most minute inquiry after death. That such an alteration had taken place from its normal and healthy condition in both these cases was apparent, but in what this change exactly consisted it would be difficult to determine. It had become altered in its colour, and in its consistence, doubtless resulting from an important change in its chemical composition. In the first case, it might have been, and most probably was, the result of contamination by the absorption of the almost putrid cellular tissue, and the blood deposited in it, and perhaps of pus, although the latter was in too small a quantity to be easily detected; but this is only hypothetical, and I am inclined to think that the altered condition of the blood previously existed, and should be considered rather as a cause than an effect of the patient's disease. Experiments upon animals have, however, gone to prove that such deleterious effects are sometimes produced upon the blood by the absorption of putrid matter, and it is reasonable to think that such may often be the case in human diseases. With a view as far as possible to prove this, M. Magendie suggested the following experiment:—"Introduce," said he, "into the jugular vein of a dog some drops of water which has stood over substances in a state of putrefaction. An hour after this introduction the animal will look downcast, and assume the recumbent posture; he will be attacked with ardent fever, will vomit up black and fetid matters, his alvine evacuations will be of the same nature, his blood will have lost the power of coagulating, and will be extravasated into the different tissues; in short, death supervenes in a short time. These phenomena, which have a great analogy with certain diseases of mankind, such as the black vomit of warm countries, the yellow fever, &c., appear to have for their common origin an alteration of the chemical composition of the blood."

The second case illustrates clearly the fact, that the mass of the blood may be suddenly changed by an intense impression on the nervous system, quite independently of any putrid or purulent absorption. Half an hour before he died, this patient was in perfect health; and as far as his appearance and feelings were concerned, he continued so, making allowance for the common effects of an accident for some time after the injury had occurred. All in a moment, however, on the reception of the subsequent mental shock, he became perceptibly changed, and it is probable that at this time the blood underwent the change which after death was found to have occurred.

There are a sufficient number of facts, certified by observation, extant, to prove that sudden vivid impressions upon the nervous system are capable of producing such a total change in the healthy chemical composition of the blood, as to render it at once incompatible with life. This case is probably an illustration of such a fact. In the cases of this nature which I have seen, and in others where an altered condition of the blood has been a prominently observable feature, I have, both during life and after death, endeavoured through chemical analysis to detect the chemical change which has taken place. In operating upon the mass, it has appeared to me that the blood has

parted to a considerable degree with its usual saline ingredients, which ingredients I have simultaneously found in superabundance in the urine, through which means I imagine they have been carried off from the circulation. The urine has in these cases almost acquired the specific gravity of diabetic fluid. The most minute experiments, however, which I made, but which were still very imperfect, were made upon the hæmosine, or colouring matter of the blood, which, according to the best chemists, contains a certain defined quantity of the oxide of iron in solution, and which is usually discovered without much difficulty. I found, however, in these cases, that the hæmosine, which was always in small quantities, did not contain it, the blood seemingly having altogether lost its chalybeate condition. At the same time analysing the urine, I found it high coloured, which high colour I attributed to its containing some portion of the hæmosine, which the blood had apparently lost. What was most singular, however, I detected the presence of iron very perceptibly in the urine, showing that the chalybeate quality of the blood, which I imagine to be indispensable to health, had through this channel passed away from it, and had become apparent in the urine, in which in a state of health the slightest trace of it cannot be found.

How far this altered condition of the blood is remediable, I leave it for time and more extended experiment to prove. I have had cases in which I have thought a peculiarly modified saline and chalybeate treatment has been of service, where I have considered such an altered condition of the blood existed, and I believe that much of the success which followed the saline treatment of epidemic cholera, might have been referred to the immediate effect of the remedies upon the mass of the circulating fluid.

## ACADEMY OF SCIENCES.

Paris, October 2.

### ARTIFICIAL PRODUCTION OF MINERALS.

A MEMOIR was read from MM. Brongniart and Malagutti, on a curious transformation of earth into a mineral under the influence of electricity.

The earth of which porcelain is usually made is called kaolin, and is a compound of silicon, aluminium, potass, and lime; this earth, according to the researches of the author, appears to be formed by the transformation of a rock called feldspath. The latter constitutes the base of certain mountains, and differs from kaolin merely in containing a greater proportion of potass; it is exceedingly hard, and cannot be employed in the manufacture of porcelain, whereas the kaolin is easily worked, and furnishes the finest kinds of porcelain. The two substances are composed of the same chemical elements, and nearly in the same proportions, but in one case they form a hard rock capable of cutting glass; in the other, a friable and ductile clay. They appear, moreover, to derive their origin from the same source, for we frequently find portions of feldspath in the interior of kaolin, as if the transformation had not been completed. On what does this curious transformation depend? by what agency is the small



quantity of potass separated from the feldspath to form kaolin?

Such are the questions which the authors endeavour to solve. Nothing can be more interesting than the study of these slow but powerful agencies, which are constantly operating on the materials of our globe, modifying their properties, or changing one into another, and thus furnishing an inexhaustible supply of substances which are necessary to the existence of animals and man. As yet we know little of the secret operations of this vast laboratory, but modern discoveries begin to throw some light upon them, and reveal some of the mysterious changes which take place in the bosom of the earth. The ingenious experiments of M. Becquerel have given a clue to some of the processes employed by nature, when she effects an interchange of particles between different substances; this interchange takes place without any alteration of form, and by a gradual substitution of one molecule for another. Electricity appears to be the agent by which all this is effected, and it is probable that, as our knowledge increases, we shall find that on this principle depends the various mutations which take place around us, in the atmosphere, in the hidden parts of the earth, and perhaps even in the organized bodies of vegetables and animals.

It is to electricity, also, that the authors attribute the transformation of feldspath into kaolin. M. Becquerel has already succeeded in producing mineral substances in tubes, under the influence of weak electrical currents prolonged for a considerable time; and the authors have, in the same way, converted feldspath into kaolin; a small quantity of potass is disengaged during the process. Here, then, we find an operation of nature perfectly imitated in the laboratory of the chemist, by following up the process which nature employs.

## SOCIÉTÉ MÉDICALE D'ÉMULATION.

August 4.

### PHLEBITIS.

M. NONAT communicated a remarkable case of phlebitis of the superior mesenteric vein and portal system. A man, 69 years of age, was admitted into the hospital of La Pitié, labouring under general jaundice; he complained of acute pain in the right hypocondrium; the liver was not enlarged. The treatment employed was very active, but the patient died after having exhibited, for several days, the signs of purulent absorption. On examination of the body after death, the stomach was found contracted; near the pyloric orifice were two small black points, one internal, the other external, and formed by effused blood. The trunk and branches of the vena portæ were considerably dilated: the coats thickened, and they contained pus mixed with blood; the splenic vein, near its junction with the vena portæ, also contained the same matter; the superior mesenteric vein presented, on its external surface, a dark point similar to that on the stomach; on dividing the vessel there was found a small fish-bone, which had penetrated the coats, and caused obliteration of the vein below it, but superiorly towards the vena portæ the vein was permeable,

and contained a quantity of pus, the coats being thickened and lined with false membrane. The liver was of natural size, but softened, and on pressing it there issued a mixture of blood, pus, and bile. Neither the large venous trunks nor heart presented any trace of purulent deposit.

## GENERAL MEETING

OF

## THE NORTH OF ENGLAND MEDICAL ASSOCIATION.

ON Wednesday last, in the afternoon, the members of this institution assembled in considerable numbers in the Exhibition Room, Sadler-street, Durham.

William Green, Esq., of that city, one of the Vice-Presidents, was called to the chair. There were also present:—Drs. Fife, De Mey, Glover, Charlton, and Knott, and Messrs. Greenhow, Carter, Turner, Potter, and Brumell, of Newcastle; Dr. Trotter, and Messrs. Shaw, Oliver, Heppell, Hopton, and Dodd, of Durham; Mr. Green of Houghton-le-Spring; Mr. Morrison of Pelaw House; Mr. Shield of Chester-le-Street; Mr. Steavenson of Heighington; Mr. Jobson of Bishop Auckland; Mr. Potts of Richmond; Messrs. Watson, Dixon, and Gregory, of Sunderland; Dr. Nicholl of Hetton; and many other gentlemen, whose names we could not ascertain.

Mr. C. T. Carter of Newcastle, the Honorary Secretary of the Association, read the Report of the Council, which want of space alone prevents us from inserting in full. Having taken a view of the progress of legislative proceedings in connexion with medical reform, the reporter examines those changes which have been effected or are contemplated by the London corporations.

“Within the last few months, certain indications of a reforming spirit have been observed in some of the medical corporate bodies. The College of Physicians of London has begun the adoption of a more liberal policy than has hitherto marked its history. The exclusive privileges of graduates of the English Universities has been abolished. The college has been thrown open to its members. The obnoxious appellation of ‘LICENTIATE’ has been abandoned, and a system of representative government introduced. Such changes are gratifying proofs of the progress of reform, and might afford a sufficient answer to those timid and desponding persons who find an excuse for their own apathy, in representing the efforts of reformers as visionary and useless. The council give the College of Physicians credit for their late proceedings, although forced upon them by the influence of public opinion, and of wide-spread discontent in the profession; and when they find amongst those who have been assisting in the work, the names of Kidd, Seymour, Latham, Watson, and Williams, they cannot but hope for still further concessions to the reasonable wishes of the professional community.

The College of Surgeons has yet made no declaration of its intentions, although rumour states that some internal movements are going on in that institution also; and the well-known liberality of a portion of those gentlemen who are

at this time members of its council, induces a belief that it cannot long remain in its present unsatisfactory condition. The most eminent of its council have publicly declared the necessity of amendment."

With respect to the immediate measures which may be adopted for the reform of the profession, the reporter observes, that the council have been anxious to gather the sense of the association upon this point, and accordingly submitted to their perusal, some time ago, two outlines of plans, upon which their opinions will be taken before the termination of this meeting. They beg, in offering them, to repudiate once more the oft-repeated accusation that they are seeking to destroy the present existing medical institutions. On the contrary, they would render them constituent parts of one national system."

The plans coincide in several important points.

They mutually contemplate the possession of a license by all persons hereafter legally entering into practice, and the establishment of a uniform qualification, throughout each division of this empire, for all future candidates for such license; and a similar uniformity in the granting of degrees and titles in medicine and surgery.

They each provide for an authentic registry of all legally-authorized practitioners, with means for its publication; and a representative governing body for the whole profession.

According to plan No. 1, the examining and licensing board would be formed prior to, and would be distinct from, the governing body, except that vacancies occurring in it would be filled by that body. It would contain members appointed by the Crown.

The examining board, according to the second plan, would be under the control of, and responsible to, the general council.

The plans agree in dispossessing the Apothecaries' Company of the power now held by it, of examining and licensing medical practitioners.

The London corporations have declared that the public have divided the profession into physicians, surgeons, and apothecaries. They surely must be aware that if this division obtain even in the metropolis, it does so to a limited extent: unless, indeed, they identify the apothecary and the general practitioner, which would be most unjust, seeing that the latter partakes quite as much of the character of the two first-named classes as of the third. The public require a class of medical attendants who have been educated and examined in all departments of the healing art, and such a class not one of the London corporations is at present able to supply. Hence the necessity of a general examining board, and of a class of persons who shall be examined in all departments, before receiving a license to practise.

The council have been at much pains to obviate an erroneous idea that the possession of a license to practise would abrogate in future all distinctions and grades in the profession. Divisions in labour there will ever be; and it is most desirable that different men should cultivate, more especially, particular departments of the healing art; and provided they do not mislead the public as to the relative qualifications of medical practitioners, and are not so conferred as to inflict injustice upon the latter, there can be no reasonable objection to the granting of degrees and honorary titles either in

medicine or in surgery. These distinctive marks of pre-eminence each of the plans would leave in the hands of the existing universities and colleges, making provision only that the conditions whereupon they shall in future be conferred be rendered uniform throughout the three countries.

The first outline provides for a general incorporation of the whole profession into one faculty.

The second would incorporate each of the existing orders of the profession into its own faculty, and would form a general council of an equal proportion of members belonging to the governing body of each—such bodies having been previously elected by their respective commonalties.

The second plan would, in addition to other provisions, reform the existing corporations. Material benefit might ensue from such a change. The members, hitherto treated as "ciphers, if not as aliens," would become part and parcel of their parent institution: they would, by being admitted to the enjoyment of their just rights and privileges, take an interest in its prosperity, and would feel pride in augmenting its revenues, since these latter would then be dedicated to the encouragement of science, and the reward of distinguished services in the cause of professional improvement. In the language of Professor Kidd, "each institution would vie with another in a spirit of liberal emulation."

The report of the council having been unanimously adopted,

Mr. T. M. Greenhow moved the first resolution, viz. "That a rule be made, requiring any member who shall wish to leave the Association, to give a written notice to that effect to the Secretary." In the course of his speech, Mr. Greenhow remarked:—It was a great many years since he became aware of the evils that existed in the state of the profession. So far back as twenty years ago, he was strongly impressed with the disadvantages under which the general practitioner laboured, in consequence of the necessity which then existed, and which, he regretted to say, was not yet abolished, of furnishing medicines, and being obliged to make a charge for them in some degree adequate to his professional services.—(Hear, hear.) He thought then, that this was not a creditable practice, and he had long wished that something might be done for its correction. The profession was rising in public estimation, in scientific attainments, and in usefulness and dignity, and he did hope that they would have secured to them by law that direct and honourable recompense to which they are entitled, instead of being compelled to smuggle, in the shape of a bill for medicines, the remuneration of their valuable services.—(Hear, hear.) This was due, not only to the profession, but also to the public; for it must be obvious to every one, that the present system held out a temptation to furnish more medicines than the patient really required; and the mind of the medical adviser was likely to be directed into a wrong channel, and to consider, in his prescriptions, what was good for himself, rather than for the case which he was attending.—(Hear, hear.) He hoped that the number was few indeed that yielded to this temptation, but he knew that instances of the kind had occurred, to the injury of the public and the discredit of the profession. The North of England Association sought a remedy for this and other abuses. The report now presented had gone largely into the objects which me-



dical reformers had in view, and he looked anxiously forward to the time when those objects should be realized. To hasten the approach of that wished-for day, he hoped every member of the association, whenever he had the opportunity, would impress the subject of medical reform upon the minds of members of the legislature, and show them that this agitation was disinterested and patriotic—that the medical profession, if they were seeking for themselves any advantage, it was in honour, in dignity, in scientific attainments, and not in mere pecuniary gain.—(Hear, hear.) The advantage which they coveted was one in which the public must necessarily share. They were united together to insure a sound medical education for all medical practitioners, and to insure to the public a means of knowing who were and who were not duly qualified to practise the art of healing. Their views were strictly philanthropic, and he trusted that the public and the profession would go hand in hand in the endeavour to promote the great objects contemplated by this association.—(Applause.)

Dr. De Mey seconded Mr. Greenhow's motion, and it was carried unanimously.

Dr. Knott moved:—"That, in the opinion of this meeting, the medical gentlemen of Carlisle have entitled themselves to the approbation and thanks of their professional brethren at large, by the unanimity and spirited conduct they have recently displayed in reference to the medical appointments in the Cumberland Infirmary." The example of Carlisle (Dr. K. observed) ought not to be thrown away, nor ought the medical profession of that city to go unrewarded by the approbation of their brethren in other parts of the kingdom. An infirmary had been established in Carlisle, the governors of which were non-medical, and the regulations of the institution had been framed without the concurrence of the profession. They had resolved on the appointment of a certain number of pure physicians and surgeons, although, in fact, there was not a pure physician in the city. There were fifteen medical men in Carlisle, thirteen of whom met and adopted an address to the governors, to which were attached the names of six doctors of medicine and nine surgeons, offering to attend the infirmary gratuitously in rotation. In the mean time, one of the physicians of the city had qualified himself for appointment, by becoming a "pure," and his services had been accepted by the governors. The latter came to a resolution to waive their rule as to pure physicians, but as to the rotation system they demurred, and it remained *sub judice*. As to that system, there was reasonable ground of doubt; but undoubtedly it was a great evil, in cases of this kind, that medical men should be judged of by those who knew nothing of medicine, and yet who would exclude them for life from all connexion with public charitable institutions, to the manifest injury of the excluded parties and of the public.

Dr. De Mey seconded the resolution, and it was unanimously passed.

Dr. Glover moved:—"That a committee be appointed to inquire into the system by which the public charitable institutions of this country are at present regulated, and to consider whether it can be improved." This (said Dr. G.) was a subject of the greatest importance—second, indeed, to none; and he was glad that the association had just adopted a motion which in some degree paved

the way for the one now under consideration. The members, as a body, were certainly not committed, by Dr. Knott's resolution, to any specific principle of reform—either to the rotation-system, or the appointment of medical officers by *concours*; but in affirming that resolution, they had admitted the management of our public charitable institutions to be in need of reformation. This was one step in advance—he desired them to take another. He did not come before them to suggest any particular plan. All that his resolution required him to do, was to show a sufficient case of inquiry; and the present system, he contended, was a great evil. In the first place, it did not encourage the advancement of medical science. The medical officers of public institutions were not necessarily appointed in right of their scientific attainments. The system under which they were appointed gave birth to contention and bitterness, and the non-medical electors were not (and could not be) influenced in their decision by their knowledge of the merits of the respective candidates. No one could contradict him when he said that scientific acquirements were not the passport to office. Able men, it was true, did obtain admission to public institutions, but not necessarily in virtue of their eminent abilities. If such institutions were properly managed, they would in some degree correct the evils under which the profession laboured, whether the rotation-system, or that of election by *concours*, was adopted. Success with the public was by no means an attendant of scientific eminence, and mere external circumstances had frequently more weight with the masses than the highest professional acquirements; so that even if the governors of these institutions wished to do justice in making the appointments, they could not always be directed aright by their judgment. And thus men admirably calculated to advance medical science were frequently kept out of public charitable institutions, while very inferior persons were admitted. To leave the system as it stood at present, non-medical men making the medical appointments was most objectionable.

Dr. Fife concurred in the observations of his friend Dr. Glover. The object of the institutions now under consideration should be regarded as threefold:—1. The effectual medical relief of the poor. 2. The diffusion among the profession of the facts observed by medical officers. 3. The advancement of medical students by clinical instruction. He was happy to see one gentleman present in this meeting, who was connected with the Newcastle Infirmary—a gentleman who, to his honour be it spoken, had been greatly instrumental in liberalizing that institution.—(Applause.) Soon after the appointment of Mr. Greenhow, one of the earliest medical reformers in the North of England, this beneficial change had taken place; and he was glad to say, that many surgical cases, occurring in the Newcastle Infirmary, had been published from time to time, for the benefit of the profession and the public. But, so far as he knew, not one single medical fact, observed in that institution, had ever seen the light of day; nor were any clinical lectures delivered by its physicians. Surely, then, there was great need of inquiry and amendment.

Mr. Greenhow acknowledged, with much satisfaction and gratitude, the compliment paid to him by Dr. Fife. Most certainly, changes had been introduced into the Newcastle Infirmary,

which he regarded as very beneficial. Formerly, no person, not connected with the establishment, could enter its walls, or be present at an operation, unless he were specially invited. But, for many years, the wards and operation-room had been thrown open to the profession; and whatever might be thought of the mode of appointment—for which, of course, the medical officers were not responsible—the institution, in other respects, was one of the most liberal in the kingdom. Pupils were admitted to all its advantages on the payment of a yearly fee of five guineas, which did not go to the officers, but was applied to the enlargement of the library.—(Applause.)

After some further remarks, the following gentlemen were named as a committee:—Dr. Brown of Sunderland, Dr. Knott, Dr. Glover, Mr. Carter, Mr. Potter, Mr. Green, Dr. Trotter, Mr. Dixon, Mr. Gregory, Mr. Greenhow, and Dr. Charlton.

Dr. Elliot moved the next resolution—which was to the effect that non-medical gentlemen be admitted to the association as honorary members, if the council should concur in the proposal.

This resolution was seconded by Dr. Charlton, and carried unanimously.

Mr. Morrison was delighted to see so much unanimity in the meeting, and he hoped that the harmony of their proceedings would not be interrupted by the motion which he now rose to submit for their consideration. He regretted that he was not prepared with statistical information in support of his motion, which called upon the association to petition parliament for an alteration of the Anatomy Act; but from his own personal experience, and the information which he had received from all quarters, he had no hesitation in stating that the act had not worked efficiently—had not provided a supply of bodies adequate to the necessities of medical science. By this means the usefulness of our schools of anatomy had been crippled—the education of medical students impaired. The great evil of the Anatomy Act consisted in this—that its operation was dependent, generally, on an ignorant and prejudiced class of persons. It had been said, that the subject of which he was now speaking was one which they should not entertain—at least at a public meeting—because it was unpopular with large numbers of their fellow-countrymen. He could not concur in this opinion. Besides, the Anatomy Act did not apply to any particular class. He had read the act carefully, and in no one clause did he find any class adverted to more particularly than another: it was a measure applicable to all, and only affected the poorer classes more than others, so far as they were most numerous. The petition which he intended to propose was as follows:—

[We shall endeavour to find room for the petition in our next number.—Eds.]

His experience of the operation of the Anatomy Act had taught him, that the greatest obstacle to its efficiency arose from the unwillingness of the public functionaries, who had possession of unclaimed bodies, to exercise the discretion which was confided to them by the legislature. They shrank from the odium to which that discretion exposed them. The boards of guardians urged—and urged very properly—that the legislature ought to have taken upon itself the responsibility of making the act compulsory, instead of throwing

so delicate a discretion on parties who resided on the spot. Were the act compulsory, official persons, who were aware of the importance of anatomical knowledge, would not have demurred to carry out the duties imposed upon them by the legislature. Great objections had been raised, in some quarters, to the making of the Anatomy Act compulsory; but were not all other acts, with few exceptions, strictly compulsory? For instance, they were all taxed by compulsion.—(Laughter.) Mr. M. concluded by moving the adoption of his petition.

Mr. Potter seconded the motion. Unless some alteration were made in the act, anatomical lecturers would soon have no bodies at all. Throughout all England there was so serious a deficiency in the supply, that the study of anatomy—one of such vast importance to the public—was almost neglected.

The Chairman suggested, that Mr. Morrison should merely move that a petition should be adopted, without requiring the meeting, on so short a consideration, to adopt the identical petition which he had read.

Mr. Morrison cheerfully acceded to the suggestion; and the motion, as amended, having been unanimously adopted, the petition was referred to the council.

Mr. Carter now called the attention of the meeting to the two “Outlines of Plans for the Better Government of the Medical Profession,” a copy of which had been transmitted to every member of the association. We give these “outlines,” with some abridgment in the details:—

#### No. I.

“An examining and licensing board to be established in England, Scotland, and Ireland, respectively, by one or other of which boards all future candidates for medical practice shall be examined and licensed.

“The qualification required for such license to be determined by the three boards conjointly, and to be made uniform throughout each division of the United Kingdom.

“A register to be preserved, and lists of names published, of all persons who are already practising with certain qualifications, and of all persons who may hereafter receive a license to practise.

“The professional body so registered, to be empowered to conduct its internal government by a representative council or senate, elected periodically.

“Degrees in medicine, and diplomas and degrees in surgery, to be conferred by the universities and colleges—the terms on which such distinctions are to be granted being equalized throughout the United Kingdom. No person to obtain a degree who shall not have previously obtained a license.”

#### No. II.

“A Faculty, or Corporation, to be established in England, Scotland, and Ireland, respectively, of—1. Physicians; 2. Surgeons; and (in England, of) 3. Licentiates of the Apothecaries’ Company. [The latter faculty would terminate with the existing race of licentiates, as the Apothecaries’ Company would not, according to this plan,



be longer empowered to examine and license medical practitioners.]

"The Colleges of Physicians and Surgeons of London, Edinburgh, and Dublin, might form the nuclei of the two first-named faculties; and, under a new and extended arrangement, be designated the Colleges of England, Scotland, and Ireland.

"Every doctor of medicine, practising in either country, with the degree of a British university, to be admitted on payment of a prescribed fee into the membership or fellowship of the College of Physicians of the country wherein he resides.

"A similar arrangement to prevail in regard to persons holding the diploma of a British College of Surgeons.

"Foreign degrees and diplomas not to be recognized, unless obtained upon terms equivalent to those of this country.

"A register of the members of each faculty to be preserved, and copies thereof to be published at stated intervals.

"Each faculty to elect (periodically) a council, or board of management.

"The council of each faculty, shortly after its election, to make choice of ( ) names, which shall be submitted to the Secretary of State for the Home Department, who shall select (two-thirds?) thereof, to form conjointly a general council in each division of the United Kingdom.

"Should lay members be added? After careful consideration it has been thought that advantages might arise from the addition of laymen to the councils.

"The general councils to be the governing medical bodies of each kingdom. They might serve also as boards of reference to Her Majesty's government in matters relating to the public health, medical police, &c.

"Boards of examiners to be appointed in the three countries, by one or other of which all future candidates for a license to practise shall be examined. The license to be granted by the general councils.

"The Universities of the United Kingdom to grant degrees in medicine; and the Colleges of Surgeons, diplomas or degrees in surgery.

"No person to obtain a degree or diploma who shall not have previously obtained a license.

"A certain number of deputies, to be appointed by each council, to meet at stated times and places, and to arrange the qualification for a license to practise, and the conditions on which degrees and diplomas in medicine and surgery shall be granted by the universities and colleges.

"The new order of licentiates in medicine to constitute a faculty in each kingdom, with power to elect a council five years after its establishment. A given proportion of such council to enter into the composition of the general council.

"The Apothecaries' Company to be divested of power to examine and license medical practitioners. (It might be converted into a College of Pharmacy.)

"In addition to the general register, a local register to be instituted.

"Reciprocal privileges to be enjoyed by the qualified members of the profession throughout the United Kingdom.

"Every legally qualified member of the profes-

sion to be enabled to recover, at law, any reasonable charge for his professional services."

Dr. Glover suggested that nothing would be gained by the expression, on this occasion, of an opinion upon these plans of medical reform, and, on the whole, it would be better to leave them to the consideration of the members until the usual general meeting.

The meeting, after a brief discussion, concurred with Dr. Glover; and the business of the day being closed,

Mr. Steevenson, on the invitation of the Chairman, addressed the meeting. His observations were to the effect that he stood aloof from the association, because it had not resisted the system of medical contract—a system degrading to the profession, and injurious to the poor.

Mr. Carter replied, that Mr. Steevenson was mistaken. They had petitioned against the system; and he, (Mr. Carter,) as the representative of the association, had waited upon Lord John Russell, with other deputies, on this very subject.

Dr. Trotter moved a vote of thanks to the chairman, which was carried by acclamation, and the meeting separated.

Two surgical cases now occupied the attention of the members—one, a case of amputation at the shoulder-joint—the other, a case bearing a strong resemblance to *elephantiasis*. The latter was viewed with great interest. The unhappy patient had sustained a dislocation of the arm, and placed himself in the hands of an uneducated "bone-setter," whose malpractice had brought him into a condition appalling to look upon, his arm being swollen to a monstrous size, and covered with large tubercles—an impressive illustration of the evils of empiricism.

On leaving the room, several of the members adjourned to the house of Mr. Hammond Hub-bick, the Three Tuns inn, where they sat down to an excellent entertainment.—*Abridged from the "Gateshead Observer."*

## THE CUMBERLAND INFIRMARY.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—A letter, signed "CUMBRIS-ENSIS," in your journal of the 2nd inst., has very naturally attracted the attention of those gentlemen to whose conduct, in reference to the medical appointments of the Cumberland Infirmary, the writer distinctly expresses his wish to direct the notice of the profession.

The gentlemen in question, for whom I have the honour to act as secretary, are in no manner adverse to the most searching and complete discussion upon the subject, as the very spirit of their union at once puts out of the question every secret and sinister motive on their part; the terms of their memorial and address, which it appears you have already seen, bespeak no wish to conceal or withhold any circumstance that can tend in any manner to elucidate the principle which they have expressed their desire to see carried into operation. They do not

assert that their proposed plan is *not* different from that which your anonymous correspondent *believes* to be generally acted upon in other institutions of the kind. They *know* it is not the same, and they have said so. They would try the question on its merits alone, without reference to precedents of any kind. They see an opportunity for elevating their *general* status, and for establishing, among themselves and their professional neighbours, a higher standard of scientific inquiry, and a more useful groundwork for combined practical observation. They are fully aware of the disadvantages that would result from an undue division of responsibility, and in their proposed plan they have provided against such an inconvenience: Let the number of medical officers, appointed to act during any particular period, be fixed at 2, 3, 4, or whatever other amount the governors may deem most advisable; they do not propose to depute the responsibility to any greater number; and they conceive that, by reference to the principle of divisional service, they have sufficiently explained all this in their address to the governors. The object of the governors being unquestionably to make the hospital as extensively beneficial as possible, and to place it at once upon the most efficient possible footing, it would be idle to imagine that they could entertain any value for the mere patronage of the institution, when put in comparison with the higher considerations here adverted to; and it was from a firm conviction that, under the circumstances of the case, their plan would be more conducive to these ends than any other, that the memorialists determined to bring it forward.

It is not, perhaps, to be wondered at, that the governors should hesitate before adopting a system that is in a great measure without a precedent; but the terms offered to them by the memorialists are in all respects so fair, and so free from every taint of self-interestedness,—so obviously calculated to engender feelings of mutual respect and good-will among the medical practitioners of the place, as well as to fulfil the main intention of the charity, that they most assuredly merit a more favourable consideration than has hitherto been vouchsafed to them.

Your anonymous correspondent states, that 15 out of the 17 medical men resident in Carlisle have thus united in the expression of their sentiments upon this subject. It may not be out of place to mention here, that one gentleman avoids taking any part in the question, from having made up his mind to decline all connexion with the infirmary; and that Dr. Barnes, a governor of the institution, is the only medical practitioner in the place who opposes the plan suggested.

One word of admonition to "*Cumbriensis*:" whoever he may be, it was an act of very questionable respectability, in such a case, to go abroad disguised, and beg in *forma pauperis* for arguments and authorities which he was unable to find at home.

I remain, gentlemen,

Your obedient servant,

RICHD. JAMES, Secy.

Carlisle, October 11, 1841.

## OPERATIONS AT UNIVERSITY COLLEGE HOSPITAL.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—As an old student of University College Hospital, allow me to prevent your readers forming false conclusions from the comparisons you have instituted in last week's Journal, on the number of amputations performed at that hospital by its respective surgeons.

It is quite true that Mr. Liston has, as you have stated, performed by far the greater proportion of amputations, and the explanation of this "curious fact" is perfectly easy. Of Mr. Liston's colleagues, Mr. Quain has been surgeon to the hospital but eighteen months, whilst Mr. Cooper's ill health has of late years rendered him nearly incapable of performing the practical duties of his office. Now, the plan pursued at that hospital is, that each surgeon should have his week for the admission of patients; yet that this rule (combined with the circumstances I have just mentioned) does not prevent a surgeon of Mr. Liston's reputation from getting more cases requiring operations, than would otherwise have fallen to his share, will, I trust, be easily understood by all your readers.

I remain yours, &c.

JOHN BUCK, Surgeon.

Wells, Norfolk, October 19, 1841.

## ROYAL COLLEGE OF SURGEONS IN LONDON.

*List of Gentlemen admitted Members on Friday, October 8, 1841.*—Jonas Day, Michael Ryan, Henry James, James Edward Mathew, Mark Henry Devlin, Thomas Godfrey, Robert Henry King, Herbert Giraud, Richard Henry Oakley.

*Friday, October 15.*—George Reveley Sladen, Peter Goodall Lay, William Stedman, John Andrews, William Bower, James Lyde, Walter Carless Freer, John Luscombe Teed, Charles Cobbe.

## TO CORRESPONDENTS.

The publisher of the *PROVINCIAL JOURNAL* begs to inform gentlemen desirous of completing their sets, that a new and improved series, containing Sir A. Cooper's papers, &c., commenced with the last volume, April 3, 1841. The back numbers from this period may be obtained through the medium of any bookseller or newsman in town or country.

Letters and communications should be addressed to *Dr. Hennis Green*, 58, Margaret Street, Cavendish Square. Letters connected with the Provincial Association may be addressed to *Dr. Streeten*, Foregate Street, Worcester.

Printed by THOMAS INOTSON, of 105, St. Martin's Lane, in the Parish of St. Martin in the Fields, and GEORGE JOSIAH PALMER, of 20, Regent Square, in the Parish of St. Pancras, at their Office, No. 3, Savoy-street, Strand, in the Precinct of the Savoy; and published by JOHN WILLIAMS RUNSEY, at his Residence, No. 6, Wellington-street, Strand, in the Precinct of the Savoy.—Friday, October 22, 1841.



# PROVINCIAL MEDICAL & SURGICAL JOURNAL.

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## INTRODUCTORY LECTURE

ON THE

## PRACTICE OF MEDICINE,

DELIVERED AT THE SCHOOL OF MEDICINE,  
LIVERPOOL ROYAL INSTITUTION.

SESSION 1841-2.

October 6, 1841.

By ROGER WAKEFIELD SCOTT, M.D.

GENTLEMEN,—In reassembling for the performance of our annual labours, it is a useful custom for each lecturer to commence the business of the session with some general observations respecting the nature and objects of the course of instruction which he is about to impart, their necessity and importance, and the mode of study which may be most easily and profitably pursued.

These preliminary lectures afford also the most eligible opportunity of adverting to various subjects, well deserving of attention and remembrance, relative to your professional studies, which are of general application, rather than referable to any particular department. If these preliminary remarks are useful in each division of medical science, they are still more so in the most important of them all, that of practical medicine, which is the great end of all your studies, and to which all the others are but preliminary and subservient. I trust that there are none of you who have entered upon a profession so important and difficult as our own, without a due sense of what it requires, and the serious responsibility which it imposes upon you, and without some portion of that enthusiasm in its pursuit, which is essential to its successful cultivation.

It must be in no careless or indifferent spirit that you enter upon the labours of this course, but with a deep conviction of the value of time at your present stage of life, and of the folly and culpability of negligence and indifference, and with a firm determination, not only to pay every attention to the public means of instruction afforded you, but also still farther to improve them by private meditation and study, not allowing yourselves to remain content with a mere superficial knowledge, but ambitious of obtaining one of a more profound and philosophic character, not merely adequate to secure your admission into the ranks of the profession, but to the skilful and conscientious fulfilment of its practical duties.

It will be my part to endeavour to treat the subjects confided to me in such a manner as may not only be intelligible to you, but as attractive and interesting as their peculiar nature will allow—not feeling too anxious to display my own ingenuity or research, but fatiguing you with abstract and

No. 57.

elaborate doctrines, but to simplify and condense the subject, in a way best calculated to ensure your comprehension and remembrance; and the experience which I have now had will, I trust, enable me to keep these objects steadily in view, so that, aided by attention and diligence on your part, I may have to congratulate myself, when arriving at the termination of the course, that my labours have not been wholly in vain.

The amount of knowledge of various collateral branches, as well as of medical science, which existing regulations require, is already of a high standard, and there is every probability, that if the alterations which are contemplated in the routine of preliminary professional education are carried into effect, a still higher degree will be necessary. The present extent, however, is not to be regarded with indifference, as it presupposes a competent degree of classical acquirements, and an extensive and accurate acquaintance with several sciences subservient to that of medicine, and it allows you but a comparatively brief period for their acquisition. In what a perplexing and distressing situation, then, is that young man placed, who, (as is but too frequently the case,) having neglected to take advantage of his early opportunities of instruction, puts off all serious efforts to the last period, and is compelled to undergo the most harassing and incessant labour to obtain sufficient knowledge even to escape rejection!

How different is the position of him, who, having accumulated a mass of knowledge by gradual and well-regulated study, looks forward without dread to the time when it shall be put to the test, and by this very calmness and consciousness of knowledge, is enabled to display it to its best advantage, and in a way which not unfrequently has a beneficial influence on his subsequent fortunes! It gives me much pleasure to state, that, as far as my own experience extends, we have not had to complain of inattention or indifference amongst the pupils of this school, but, on the contrary, have witnessed a general desire for improvement even beyond the means afforded them, as is manifested by the existence of a society amongst themselves for the promotion of professional objects, which we are anxious to encourage, as tending to make study fashionable, and affording a wide field for emulative exertions. Still, however, every season brings some fresh comers into our ranks, who may not yet be sufficiently aware of the importance of early application; and in every class there will generally be some individuals of more volatile and careless dispositions than others, who require to be reminded of the danger of being led away by the example of companions or the suggestion of their own feelings; nor are there usually wanting others, whose superior abilities and quickness of perception may lead them to suppose that they can, at some convenient period hereafter, readily make up for the time which they may now misapply. I would seriously

recommend such as these, who have been gifted with superior talents, (the proper cultivation of which is an imperative duty,) not to delude themselves with the vain hope, that mere ability, however eminent, will be sufficient to retrieve the loss which misemployed time will create, or will enable them to acquire, during the limited period which they allow themselves, anything more than a mere vague and superficial knowledge. In our profession there is so much of mere mechanical detail, of matters of observation and experiment, which appertain altogether to the province of memory, a knowledge of which is only to be acquired by careful study, and impressed upon the mind by reflection, that however much genius and talent may be calculated to impart a more philosophical character to the principles of our art, and tend to its extension and improvement, yet mere sound sense and correct judgment, aided by assiduous application, are perhaps better adapted for ensuring a deeper and more comprehensive knowledge of them.

There are few or none of you, I should hope, who have entered upon the study of your profession without having acquired a competent degree of knowledge in the Latin language at least, if not in the Greek.

Though I am no advocate for either extreme, yet I cannot but think that it is somewhat too much the fashion in these days to deprecate classical attainments, and to consider, as in a great measure misapplied, the time devoted to their acquisition; there is so much of an utilitarian spirit, so much of the "cui bono" principle existing at present, that the value of everything is questioned, which does not produce an immediate and conspicuous advantage; time is not allowed for the developement and growth of those seeds which would produce the most perfect and valuable fruit, but those are preferred which soonest attain their maturity, however imperfect and inferior they may really be. This is not the fitting place, nor does it fall legitimately within my province, to enter into any arguments on this subject; but I may be permitted to state, that I do not agree with those who consider attention to classical studies only beneficial as a mere exercise of the faculties, a preliminary training of the mind; but I consider it of much higher advantage, not merely as exercising but enlarging and elevating the mind, and as cultivating and improving the taste, and as laying a foundation upon which all after studies may be more substantially based. Independently of the advantage which the classical scholar possesses of acquiring with greater facility a more accurate and comprehensive knowledge of his vernacular language, the whole range of medical science, and other branches allied to it, are so compounded of and based upon classical terms, that their acquisition and remembrance are extremely difficult to the mere English scholar, and the misapplication and mispronunciation of these terms are anything but conducive to his reputation as an accomplished practitioner, though they may not be real evidence of his want of scientific knowledge. I would not, by any means, be understood to advocate any undue attention, or to attach undeserved importance to, this department of education, to the prejudice or neglect of those more immediately connected with your profession, but merely to inculcate the utility of not suffering the knowledge

which you may have already obtained to become lost, as too many of you are apt to do, for want of subsequent study. Of modern languages, it would be too much to expect (unless you have more than ordinary opportunities) that you should devote your attention to the German, but a competent knowledge of French is of easy acquisition, and you will derive much valuable information from the productions of that country, especially in the department of pathology.

With regard to my own share of our labours, experience has sufficiently taught me, that in so extensive and complicated a field of inquiry as that of practical medicine, and amid the obscurity which surrounds so many of its most important objects, the great art of interesting and benefiting the pupil, especially if not far advanced in professional knowledge, is not to fatigue him, or render him careless and inattentive, by too minute a reference to the history or preceding knowledge of a disease, or by too elaborate a criticism of conflicting theories, or modes of treatment, which would be either altogether unintelligible, or even if sufficiently understood, but little likely to be long remembered; but, on the contrary, to endeavour so far to simplify and familiarize a subject, as to render it interesting as well as intelligible. It is requisite for the lecturer to endeavour to bring into one distinct and perspicuous summary, the distinguishing features of a disease—to lay down recognized principles, without dwelling too minutely on the facts from which they have been deduced, and on which they are founded; he must, in short, rather endeavour to guide his hearers in their pursuit of knowledge, and to point out the sources from whence they may most easily and satisfactorily obtain it, than profess to furnish any full or perfect view of medical science. Still, however, it is necessary for him to present a general and comprehensive outline of the nature of disease, and the improved methods of treatment, which a more advanced state of chemical and pharmaceutical science, and the accumulated results of experience, have placed within our reach at the present time.

The study of theoretical medicine is generally the most captivating, at the outset of his career, to the medical aspirant—he is led away by the apparent ease with which so much that appeared obscure is elucidated; he is delighted with the elegant and plausible theories which seem to enable him to grasp, at one view, all the minutiae of a disease; but when he comes to bring these preconceived ideas to the test of practical operation, he is confounded by the difficulties he has to encounter; he finds them but as thin cobwebs to confine the multitudes of disease; he is constantly embarrassed by the occurrence of symptoms, which not only do not correspond with, but are actually at variance with, his adopted views, and which, necessarily, render him doubtful and unenergetic in his mode of treatment; and though he may have commenced his career with perhaps an overweening idea of his own knowledge of and power over disease, he soon finds that he has much to *unlearn*, as well as much to gain by his individual experience. Much of this embarrassment doubtlessly arises, not so much because his conception of the nature and cause of the particular disease is in reality incorrect, but because the peculiar idiosyncrasies of individuals, and the frequent co-existence of other



morbid conditions, cause such a deviation from the preconceived regularity of the symptoms, as to require considerable experience and sagacity to be able to ascertain the essential nature of the complaint.

I do not state these things with the design of discouraging your attention to the theory of medicine to a legitimate extent, but merely of moderating your fondness of it at the expense of more practical knowledge; and would recommend you, as far as may be in your power, to study it in connexion with actual observation; as you will thus commence your experience simultaneously with your abstract studies, the advantages of which will be sufficiently manifest to you in after life.

With regard to your more immediate professional studies, I need scarcely remind you that the foundation of them all must be laid in anatomy; for without a proper knowledge of the structure and functions of the body in health, as well as the alterations produced by morbid agents, nothing but a vague and superficial acquaintance can be obtained either of the nature of disease or of the agents required for its removal. You must therefore study it minutely and practically, as well as theoretically, and upon that knowledge base your subsequent study of the principles of medicine, and the effects of medical agents. Another branch of professional study will also require your early attention, which is chemistry. Independently of the gratification which must arise to the inquiring mind from the elucidation of so many of the mysterious operations of nature which chemistry affords, some knowledge of this science, from its wide diffusion through all ranks of the community, is essential to every one who has any pretensions to a liberal education, and is altogether indispensable to the medical student, since a knowledge of *materia medica* (some of the most powerful agents of which are derived from chemical combinations) cannot be acquired without it, especially in its present advanced and complicated state.

The study of physiology is so naturally associated with anatomy, that you will of course receive more full instructions from the lecturer on that department.

A knowledge of anatomy in the abstract is of but little value, as an acquaintance with structure alone can only be of practical importance, as it tends to an understanding of the nature and relations of the functions of which it is the instrument. It is upon this knowledge of the equable performance of function during a state of health, and the deviation from the natural standard by disease, and the effect of remedial agents in those two conditions, that the science of medicine is founded. It is therefore my intention to give you a brief view of the physiology of each particular part, previously to entering upon the consideration of the diseases to which it is liable.

There is no department of medical science which has been cultivated, of late years, to so great an extent as that of physiology, and many very important additions have been made to our previous knowledge. There is still, however, much uncertainty and obscurity involving it at the present moment, and many able experimentalists are engaged in investigating more particularly the functions of the nervous system, and the changes which take place in the constitution of the fluids,

so that if the time should ever arrive when the real nature of so mysterious an agent as the nervous element, and the separate as well as combined functions of particular nerves, should be distinctly understood, we cannot but feel that it may lead to a surprising revolution both in the theory and practice of medicine. A much more intimate acquaintance with the principles of physiology, than can be afforded as an adjunct to a course of lectures on its principles and practice, will be of essential importance to your study of medicine.

Another branch of study, which is perhaps still more important, and on which the foundation of medical science most safely rests, is that of pathology or morbid anatomy. Many diseases, it is true, are merely functional, or the result of actions which do not produce any change in the structure of parts, and which therefore do not admit of inquiry after death; in others, again, the alterations which have taken place are too minute to be obvious to our senses; yet there are others in which very perceptible alterations of structure take place, and these are the proper objects of examination. It is much to be regretted that the knowledge of morbid structure does not, in all cases, lead with certainty to the knowledge of morbid actions, although the one be the effect of the other; yet surely it lays the most solid foundation for prosecuting such inquiries with success. It is by tracing the connexion between the external manifestations and internal lesions, by accurately comparing the symptoms presented with the structural alterations manifested on anatomical examination, that vague conjectures are removed, erroneous theories superseded, and the first principles of science laid in an accurate knowledge of cause and effect. It has been chiefly through the instrumentality of pathology that so wide a difference exists between ancient and modern medicine, the former being distinguished by conjectures, and the latter by facts and legitimate deductions; and this superiority of modern science has chiefly arisen from the diminished dread of the cultivation of normal and morbid anatomy, which has of late years taken place, both in public bodies and private individuals.

You will find much greater facilities in prosecuting this department of study now than was formerly the case, and you would do well to avail yourselves of every opportunity that may be presented to you. In a subsequent lecture, I will enter more fully into details of what appears to me the best mode of pursuing these different studies, which I have now in general terms recommended.

After having thus briefly alluded to the necessity and advantage of various collateral studies, I must beg to remind you, that you must consider them but as means to an end, as a pleasant though perhaps difficult road by which you accomplish a contemplated journey; that your great object must be to make your accumulated knowledge subservient to a practical purpose, and to render yourselves ultimately sagacious and accomplished practitioners, in that department of the profession which may be your choice, and possessing that confidence in yourselves which a consciousness of adequate skill can alone impart, and by which alone you can hope to gain the confidence of others.

If, then, you are to enter upon a practical career almost immediately after the termination of these preliminary studies, it is absolutely necessary that you should neglect no possible opportunities of obtaining this species of knowledge, which may be available to you.

You are all of you either in some public institution, or with some practitioner who may have opportunities of affording you much instruction, and you cannot pay too much attention to the various features of any particular disease, the nature of which may be pointed out to you, and the effects which the administration of different remedies may have upon them; you will thus direct your theoretical knowledge to a practical end; for it is to practical knowledge, whether of medicine, surgery, or midwifery, that you are to look for the reward of your labours, and your power either of good or evil.

When we consider the complicated structure of the human frame—the minute and invisible nature of so many of its component parts—the innumerable operations which are constantly taking place—the unknown, or at least imperfectly understood, nature of so many of these operations, and the necessity that each of these structures should be properly organized; each of these operations, regularly and equally performed, so that the functions of the body may proceed in harmony, to constitute a state of health—when we reflect upon the multitude of agents, both external and internal, by which all these may be influenced or disturbed, and on our own ignorance, in too many cases, of the mode by which this disturbance is to be rectified—we cannot wonder at the long catalogue of ills to which our “flesh is heir,” but rather that we have such comparative immunity from physical sufferings. And we cannot sufficiently admire the wonderful resiliency and power of renovation with which the human frame is endowed, and the efforts which are made by nature to obviate and overcome disease.

And what, then, is the art of medicine? Does not its very essence consist in ascertaining upon what these powers depend, and by what means they are either to be assisted or restrained?

And thus it is, as in all other instances, that art is but the handmaid of nature.

One of the great errors of young practitioners of medicine is to trust too much to art, and too little to nature, and, by too officious or too energetic interference, convert what may be originally but simple and unimportant into a complicated and dangerous malady, and hence some diseases have been said to be “*Lethales tantum, nimia medici diligentia.*”

Infinitely more good is not unfrequently done, by quietly awaiting the development of natural actions, than by a hasty and rash interference. The great secret of successful practice is to know *when to be quiescent, and when and in what degree* to bring the resources of art to the assistance of nature; and you will hereafter be, perhaps, surprised to find that the most experienced and successful practitioners are frequently the most simple and unpretending in their modes of treatment.

This negative skill, as it may be termed, is however, perhaps, more difficult to acquire than that of a more active character, and requires for its adoption a more full reliance upon our own knowledge and sagacity, and cannot be obtained

without an accurate acquaintance with the nature and tendency of morbid actions, and the individual powers of resistance and reparation.

It is not for me to dwell too minutely on the difficulty which the study of medicine presents—our absolute ignorance of many things, and our imperfect knowledge of others, which it is essential to understand before we can hope for any degree of perfection. As you advance in your studies, all this will become sufficiently manifest; you will find ample fields open for your investigation, and abundant opportunities of distinction, which abilities and industry may procure for you. It will be my duty rather to stimulate your endeavours, by pointing out to you the abundance of what is already known and established, rather than to discourage you by dwelling too much upon what is mysterious and unknown.

I have, however, said enough to show you that it is no trifling undertaking to enter upon the study of medicine, and that the exercise of your best abilities, and the devotion of your utmost industry, will be imperatively required, as there is no other science, an accurate knowledge of which enables its cultivators, humanly speaking, to confer more extensive or important benefits on mankind, than that of medicine; while, on the other hand, no individual is more liable to produce such serious and irreparable injury than a rash and ignorant medical practitioner. I need, I hope, scarcely urge upon you the advantage of punctuality in your attendance on those lectures which you may determine upon. I am not, however, so absurd as to expect, amidst the multiplicity of your other engagements, and the necessity of occasional relaxation, any undeviating regularity of attendance. I am aware that many circumstances may compel your occasional absence; but I trust you will make it a conscientious rule, not to absent yourselves more frequently than reasonable causes may justify.

As for myself, I can sincerely state that my chief object will be to endeavour to promote your improvement in every way that I am able; and though, from the nature of the subject entrusted to me, I cannot promise to render these lectures the source of amusement, yet I trust you will not find them altogether destitute of interest or value; and I shall be at all times ready, as far as I am capable, to reply to your inquiries, to remove your doubts, and to facilitate the progress of your studies.

And, on the other hand, I trust that you will yourselves consider that you have voluntarily embarked in a profession, not only honourable but arduous, in which mediocrity is despicable, and superiority only to be obtained by the devotion of the best energies of your minds.

## CASES

FROM THE EARLY NOTE-BOOKS OF THE LATE  
SIR ASTLEY COOPER, BART.

EXTRACTED WITH PERMISSION OF E. B. COOPER, ESQ. F.R.S.

No. XI.

DISLOCATED RADIUS.

A HAIRDRESSER in Leadenhall-street, fell down, at the same time putting out his hand to



save himself. From that time he felt very considerable pain at the elbow.

On the following day he applied to me, and I found that the pain in the elbow was still very great. He could bend it in some degree, but not completely extend it; in short, he had all the various symptoms of a dislocated radius.

Whilst he was under examination he fainted, and fell on the floor. I immediately, whilst he was still in that situation, fixed the olecranon on the carpet, and with considerable force extended the arm, and the radius suddenly slipped into its place. When he recovered from the fainting he could extend the arm, and on the following day he had entirely recovered the use of it.

#### GUNSHOT WOUND.

A girl of nine years of age was shot by her brother, thirteen years of age, by means of a pistol. The ball entered opposite to the end of the rib, and came out at the opposite side of the chest, about three inches from the spine. She ran down three pair of stairs, and then fell. Her countenance was pale, her appearance nearly lifeless, her breathing difficult; an occasional cough existed, with an inhalation and expulsion of air at the wounds, and blood of a venous character was discharged at each. She was easiest on her left side, the same on which the ball entered. She vomited, but brought up no blood. Her pulse was small and very quick. She spoke but seldom; when she did, she complained of thirst, and said she wished she could breathe.

She was bled to the amount of five ounces, and ordered frequently to drink of mint-tea, containing a small quantity of tinct. opii. Upon the wounds two pieces of adhesive plaster were applied.

Tuesday.—She passed a tolerable night. This morning is rather restless, her pulse is much fuller, and not quite so quick. Five ounces of blood were taken away, which made the pulse very small, but it continued frequent. She remained quiet until two o'clock, when she expired.

#### FUNGUS FROM TESTIS.

Mr. —, a patient of Mr. —, in White-chapel, had a hernia humoralis, which, in spite of all the means he could employ, suppurated and burst. From the opening a fungus arose, which prevented the sore from healing, and he was brought to me to have the testis removed. I, however, thought that if the fungus was cut away at its basis from the epididymis, and then touched with caustic, that the sore might heal without any necessity for a more serious operation. This was accordingly done: an artery of some size was found necessary to be secured, and he was well in the course of a few days.

Another patient (a baker) of the same gentleman had the same effect produced by a hernia humoralis, but the fungus was much larger. I advised and performed the same operation as in the preceding case, and, except a difficulty in securing the vessel on account of its being deep-seated, it was very easily effected.

#### SCROFULA.

Children with scrofulous diseases of the skin alone, if they are neglected, get diseases of the

bones in consequence, if bones are within the reach of the scrofulous inflammation. Miss — had a scrofulous sore upon the skin of the back of the hand; it occasioned disease of the metatarsal bone of the little finger. She had another on the skin over the ulna, which produced a disease of that bone.

#### SLOUGHING TENDON.

When tendons mortify, they generally slough to a very considerable depth or extent, the patient's constitution suffers very much, and it is necessary to use not only stimulant remedies to the part, but stimuli with considerable quantities of opium internally. Mrs. — has a mortification of the tendo Achillis. I ordered a wine poultice made with linseed meal and port wine, and brandy. Opium, cordial confection, and bark, to be taken frequently, which were of essential service.

#### TUMORS IN THE CEREBELLUM.

Miss —, thirteen years of age, had been long subject to pains in her head; reading or fixed attention of any kind brought it on, and she showed besides a great indisposition to move. She was seized with symptoms of irritation, coma, sickness and convulsions, and she died in a fortnight. On opening the brain, water was observed in the ventricles, in quantity about three ounces, and seven tumors in the cerebellum, of the size of large peas, most of them solid, but some of them beginning to suppurate.

#### STRICTURE.

A man, aged thirty-five, had a gonorrhoea, during the existence of which he was seized with a difficulty of voiding his urine, which continued for three days. Whilst at stool, and trying vehemently to discharge his urine, something gave way in perinæo, and a tumor speedily formed there. This rapidly increased, and about twenty hours from the time of the formation of the tumor he applied for admission into St. Thomas's Hospital.

The scrotum and penis were at this time very much swollen, and had an erysipelatous redness on them, and were obviously distended with some fluid. He had much pain. A bougie was attempted to be passed, but without success.

A catheter was introduced, but only a very small quantity of urine came away. The parts which were swollen were punctured, a fluid escaped, and their size was reduced.

The man, however, had fever, great lowness of spirits, and depression of strength, with foul tongue.

On the day after his admission he had passed no water, and the tumor had extended to the abdomen. The lowness had much increased, and he died on the second day of his being a patient in the hospital, without any other symptoms than I have described.

*Dissection.*—When the integuments of the abdomen were cut through, the cellular membrane was found loaded with a sanious fluid, and the parts which had been subjected to much inflammation had a strong urinous smell. The penis and scrotum were of a black colour, and very offensive. On examining the former, I found an opening in the urethra about an inch in length into the perinæum,

through which the urine had escaped and produced the effects above described.

Near the opening from the urethra, there was some effusion of pus; but farther off, only lymph and serum.

The man's urethra was examined for the gonorrhœa,—it was inflamed from the lips, two inches down, as was obvious from the great redness of that part.

#### STRICTURE.

Mr. —, ivory merchant, Potter's Fields, had a stricture near the neck of the bladder for four years. A fistula in perinæo was the consequence of this at the end of that time. I attended with Mr. — of Tooley-street, and we used bougies for twelve months without advantage. At the end of this time it was determined to make use of the caustic bougie, with eight touches of which the cure was completed.

#### SYMPTOMS OF A STONE IN PASSING FROM THE KIDNEY.

Mr. — passed stones from the kidney, which produced symptoms of irritation, according to their change in position.

Whilst in the kidney, the patient was afflicted with pain in the right loin. Whilst passing along the ureter, he was afflicted with pain extending down the right thigh; nausea, a tightness and swelling of the abdomen, and profuse sweats. When in the bladder, he was afflicted with pains in the region of the bladder, and a difficulty in making water, with a frequent inclination to it.

### CONTRIBUTIONS TO THE PATHOLOGY OF CHILDREN.

By P. HENNIS GREEN, M. B.

#### CHOREA.

*CASE I.—Intense general chorea—partial paralysis—loss of speech—employment of sulphureous baths—rapid recovery.*

A YOUNG girl, 10 years of age, of weakly constitution and very impressionable, was suddenly seized on the 10th of February, (three days after having been incautiously frightened by a play-fellow,) with irregular movements of the limbs, and a sense of weakness in the left arm. During the five succeeding days, the irregularity of the movements became more marked, and the power of moving the left leg was diminished, the child dragging it after her as if it were paralysed.

On the 17th, the whole body was affected with irregular movements; the muscles of the face, larynx, and tongue were implicated; deglutition was impeded; and the child was unable to walk or speak.

On the 19th, she was brought to the hospital, labouring under chorea in its severest degree; it was almost impossible to keep her from injuring herself by placing a mattress perpendicularly on either side of the one on which she lay: the head was constantly inclined to one side or the other; the articulation of sounds abolished; the face of

a purple colour; the respiration so much impeded as, apparently, to threaten asphyxia; it was impossible to count the pulse from the constant agitation of the child. Immediately after admission into the hospital she was placed in a sulphureous bath, and kept there during an hour and a half; this had the effect of calming her; the bath was repeated in the evening, and twice on the following day.

23. This is the fourth day since the admission of the patient; her condition is now evidently improved; she is able to show the tongue after some efforts, and can speak a little; deglutition is easier; the movements of the limbs less violent and sudden, but the child is unable to grasp any object, or to walk about. The baths have been continued twice a day.

March 5.—On the 1st of March, the patient was able to walk without support; the limbs are still, however, weak, and the movements of the tongue irregular; she walks steadily across the ward; expression of countenance natural; pulse regular, 90. The baths were continued as before, and a nourishing diet was administered; under the influence of these means, the irregular movements gradually subsided; the child recovered the power of her limbs, and was discharged completely cured on the 15th of March.

*CASE II.—General chorea—application of leeches along the spine—employment of sulphureous baths—cure in fourteen days.*

ALPHONSE DUBOIS, 12 years of age, was admitted into hospital on the 12th of May. This boy, who usually enjoyed good health, was seized, without any apparent cause, nineteen days ago, with trembling of the tongue and stuttering; soon afterwards the upper and lower extremities were affected with the irregularity of movement peculiar to chorea; the patient was unable to raise a glass of water to his mouth without using both hands and spilling a great portion of the fluid; he could not get up stairs without assistance; the muscles of the face and the eyes were in constant motion; the boy's intellect, which was previously very clear, became gradually weak; a medical practitioner, who was called in, ordered warm-baths, and applied ninety-five leeches along the course of the spine, but not the slightest benefit was obtained from this energetic practice.

May 13.—The arms and legs of the patient are in constant motion; the irregularity is not more marked at the right side than at the left; the child is able to walk without assistance; he is morose, and has an idiotic expression of countenance, far different from that which his parents describe him to have during health; the cutaneous sensibility is unchanged, but the muscular power is greatly impaired; no headache or pains in the limbs; tongue clean; appetite good; pulse 84; bowels free; skin quite cool.

The treatment pursued in this case was similar to that which has been already mentioned. Sulphureous baths were administered twice a day; the boy had nourishing food, and took some insignificant tizan for drink.

On the fifth day of the treatment, the parents of the child observed a considerable improvement in his appearance; the baths were administered regularly every day except Sunday; the irregular movements gradually disappeared, and the little



patient was dismissed completely cured on the 26th of May, fourteen days after his admission into hospital.

**CASE III.**—*Slight chorea, affecting both sides of the body—fourth relapse—sulphureous baths employed—cure in three weeks.*

SOPHIA MALET, 13 years of age, a girl of small stature and weakly constitution, was admitted into hospital, labouring under chorea for the fourth time. The first attack occurred at the age of four years, and lasted about a month; the second, at the age of seven years; the third, when the child had attained the age of ten years; this latter attack lasted during three weeks, and she had been cured at the hospital by the use of cold-baths. No cause could be assigned for the invasion of the disease, which always came on in a gradual manner.

The child has been now labouring six weeks under her present attack of chorea; it commenced on the right side of the body, and did not reach the left before the expiration of three weeks. Within the last few days the child has begun to stutter; her temper is much altered for the worse, and the intellectual faculties seem to be weakened; the face is constantly distorted, and the lower extremities have partially lost their power; the fingers are incessantly in an alternate state of flexion and extension, and the power of grasping objects is much diminished. There is no change in the sensibility; the appetite is good; skin cool; pulse 92, regular.

On the day after admission, she commenced the use of the sulphureous baths, which were administered tepid, and during half an hour at a time; no improvement, however, took place up to the 1st of October, when a more generous diet with wine was ordered, and the baths continued during an hour. From this moment the improvement was decided and rapid; the irregular movements soon disappeared, and the patient was discharged cured on the 15th of October, after twenty days of treatment.

**CASE IV.**—*Chorea arising from indigestion—sulphureous baths—cure in eighteen days.*

JOSAPHINE PAROT, 9 years of age, of strong constitution, and usually enjoying excellent health, was seized on the 1st of January, after a fit of indigestion, with symptoms of chorea. She was admitted into hospital on the 8th. The upper and lower extremities are the seat of irregular movements, which are more violent on the right side than on the left; the child cannot stand upright without great difficulty, and she drags the right leg after her in walking. While in a state of rest, the patient does not exhibit any very marked symptoms of the affection, but when she attempts to execute any movement, the irregular action of the muscles commences; the face is intact; the tongue is slightly agitated, and the power of articulation consequently diminished; the deglutition is not impeded; there is no headache, no derangement of the intellectual faculties, nor any change in the sensibility; the functions of the digestive organs, which were disturbed at the commencement of the attack, are now regular; tongue clean and moist; no vomiting, nausea, or diarrhoea; skin cool; pulse regular.

Immediately after her admission, the patient was

ordered to have the sulphureous baths, and to be allowed moderate diet.

On the 12th, the symptoms were considerably abated, when the child, having overloaded her stomach with food, was seized with diarrhoea, and an aggravation of the choreic symptoms. The quantity of food was immediately diminished; in two days the diarrhoea ceased; on the 17th, the irregularity of the movements was considerably diminished; the child could speak freely and without stammer; the baths were continued for a few days longer, and on the 20th of January the cure was complete.

#### REMARKS.

My object in detailing the above cases of chorea, is chiefly to direct attention to a mode of treatment which is at once simple and efficacious. In a vast majority of cases chorea is unquestionably a functional disorder of the nervous system; the nature of the causes which frequently excite it; the rapidity with which it occasionally appears and disappears, and the action of the means usually employed for its cure, justify this view of the disorder.

The exciting causes of chorea are often obscure, but we are sometimes enabled to trace distinctly a connexion between certain influences and the irregular muscular actions by which they are immediately followed. The influences here alluded to, may act either through the medium of the mucous surfaces, or through the mind. Mental emotion is certainly a very frequent cause of chorea; in young girls of weakly constitution and delicate fibre, sudden fright often gives rise to the development of the disease; we have an example of this in our first case; in other instances the exciting cause of the complaint may be traced to irritation of the nerves distributed along the mucous surface of the intestinal canal, and it was on this idea that the practice of the late Dr. Hamilton seems chiefly to have been founded. The disease, however, may be completely subdued, and in a short space of time, without the aid of purgative medicines.

The remedies which I have seen usually employed at the Children's Hospital in the treatment of chorea are, 1st, sulphureous baths, 2nd, cold-baths, and 3rd, the oxide of zinc. The sulphureous baths are composed by the addition of four oz. of the sulphuret of potass to a common bath; the patient may be kept in the bath from half an hour to an hour and a half, and the bath may be repeated once or twice daily, according to circumstances. The use of fifteen to twenty baths is, in most cases, sufficient to remove all symptoms of the disease. This method was introduced into practice several years ago, at the Children's Hospital, Paris, by M. Baudelocque, by whom I have seen it employed with very great success. Thus from the month of September 1832 to January 1833, fourteen girls, labouring under chorea, were treated exclusively with the sulphur baths; of these fourteen, thirteen were perfectly cured, and the mean duration of the patients' sojourn in the hospital was only twenty-four days. Some of the cases which I have just related were extremely severe, yet they were cured within twenty-one days; in one case, ninety-five leeches (in three applications) had been placed along the spine without producing any benefit, when the

sulphur baths were employed, and effected a cure in fourteen days.

There are few diseases in which so great a variety of remedial means has been tried as in chorea. Dr. Babington, in an interesting paper, contained in the last number (xiii.) of *Guy's Hospital Reports*, speaks very favourably of the sulphate of zinc. The French physicians prefer the oxide. Generally speaking, tonic remedies are those on which most reliance should be placed, but I am inclined to think that electricity and the sulphur baths will be found to be the most powerful means that we possess.

*London, October, 1841.*

## REMOVAL OF TUBERCULAR MATTER

THROUGH AN

### ARTIFICIAL OPENING IN THE CHEST.

M. BRICHETEAU, of the Necker Hospital, Paris, has been in the habit of recommending, in his lectures, that an artificial opening should be made into the chest, for the purpose of evacuating the tubercular matter in certain cases of consumption. One of the consumptive patients in his wards presented a favourable opportunity for trying this practice, for the cavity was superficial, the walls seemed to be adherent to the parietes of the thorax, and the patient was free from hectic fever and night sweats.

The following is the history of this remarkable case.

— Huard, 29 years of age, of weakly constitution and lymphatic temperament, had enjoyed good health up to the year 1835, when he was seized with hæmoptysis, cough, and difficulty of breathing. These symptoms recurred during the year 1836, and compelled the patient to enter the hospital Necker; he remained in hospital for a few months and was discharged relieved, but returned and passed three months more in the hospital; he went out again, was treated in the hospital Cochin, and finally was readmitted into the Necker on the 16th May, 1840.

At this time there evidently existed, underneath the right clavicle, a cavernous excavation, with a considerable degree of moist gurgling sound; the expectoration was purulent; the voice hoarse. The patient, who was very pale and thin, complained of pain in the region of the larynx, and palpitation; he had a febrile access every night. He was ordered to take the tartar emetic mixture, which occasioned vomiting and nausea; ipecacuanha was now given instead of the tartar emetic, and the man was soon considerably relieved; the febrile exacerbations had disappeared and the appetite was much improved. Three cauteries were applied successively underneath the right clavicle and over the spot where the pectoriloquy and gurgling had been distinguished; the last eschar was gradually deepened by fresh applications of the caustic, and by touching the bottom of the sore with nitrate of silver. At length it was evident, from the discharge of whitish, flocculent masses, that the eschar communicated with the cavern. A

probe and director were passed in, several times, to the depth of three quarters of an inch, without exciting any pain. M. Bricheteau frequently passed an acupuncture needle into the cavity, and turned it there in various directions; three issue-peas were kept in the wound, and a quantity of organic substance, resembling dried mastic, was daily extracted from the wound. On auscultating the chest, it was now found that the pectoriloquy and gurgling existed only in the part of the lung beneath the level of the eschar; hence a certain portion of the cavern was obliterated. The eschar was now permitted to heal up, and a fresh one was formed lower down. The strength of the patient was unimpaired, and his general condition satisfactory; there was no fever at night, no diarrhœa; he was beginning to recover his flesh, and was in excellent spirits, when he was seized with palpitation and pain in the heart, the region of which gave a dull sound. His appetite now disappeared; he became anasarous, and died suddenly.

The body was examined on the following day. On removing the anterior wall of the thorax, the right lung was found firmly attached to the chest; opposite the point where the eschar had penetrated into the cavern, there were several longitudinal cicatrices, about three-quarters of an inch each in depth. What remained of the cavern was almost completely empty; it contained nothing but a little thick mucus; its walls were of a cartilaginous firmness. The base of the cavern was formed by a broad fibro-cartilaginous band, underneath which the substance of the lung was perfectly sound; at the line of demarcation, however, between the diseased and healthy tissues, there were a few very minute cavities filled with matter resembling sawdust. The left lung was somewhat congested, but otherwise healthy. The heart was enlarged; the serous lining injected; the pericardium contained a large quantity of straw-coloured serum, mixed with albuminous flocci; the valves of the heart and its great vessels were healthy.

The head and abdomen were not examined, because there were no symptoms during life indicative of derangement in their cavities.

In making some remarks on this case, M. Bricheteau observed, that the patient evidently died from disease of the heart, and not from consumption; the cavern was completely isolated from the rest of the lung, which was in a healthy state; it had ceased to secrete pus, and the patient would have been alive at the present day, had he not been carried off by dropsy of the pericardium. By penetrating into the cavern, the latter was partially emptied, and the formation of false membranes was promoted, by which means the cavern was completely isolated from the healthy parts of the lung. It is also worthy of notice, that the patient always experienced relief from the deep applications of the caustic, which are free from danger whenever the walls of the cavern adhere to the parietes of the chest. M. Bricheteau is disposed to place considerable reliance on the action of cauteries; but the patient must be free from fever and diarrhœa; the cauteries large and deep.—*Gaz. des Hôpitaux*, No. 124.



## ESTABLISHMENTS FOR THE RELIEF OF THE SICK.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—On perusing the number of your journal for October 16th, 1841, I was much gratified at finding your attention directed to the advantages arising out of the establishment of institutions having for their object the ministering of relief to the sick poor; I allude more particularly to such as those now in operation at Bridgewater, Wivelscombe, and other places.

The excellent observations offered by Mr. Toogood on this subject cannot fail to impress the mind with the great value of such institutions, and it is to be hoped, from the publicity given to them through the instrumentality of your journal, that a more general feeling will be speedily awakened, both as regards the expediency and practicability of increasing their number. In carrying out this object, a steady co-operation of purpose, on the part of those interested in their establishment, will generally ensure success; as experience has assured me that, when a judicious appeal is made to the public in aid of funds, a generous response is to be expected. Such has been the case with the town and neighbourhood in which I happen to reside, and I can also bear witness that the same feeling has shown itself in the neighbouring towns of Beccles and Bungay, each of which is favoured with an establishment for the sick poor, and continues to be liberally supported.

There can be no doubt that every town containing a population from 3,000 to 5,000 persons and upwards, ought to be provided with an institution of this kind, fitted up with a few beds for the reception of casualties, or any other urgent case of surgery: such institutions would be found to operate beneficially in a twofold point of view; first, as contributing greatly towards alleviating the sufferings of the afflicted poor; and secondly, hospital or dispensary practice never fails to afford a valuable field for professional instruction. It is a well-known fact, that a few cases, when concentrated and brought under close and regular inspection, offer to the observing and zealous practitioner ample scope for the prosecution of pathological and therapeutical research.

During the last eighteen years the town of Lowestoft has enjoyed the benefit of a dispensary. For many years the business was conducted in a house hired for the purpose, fitted up with half a dozen beds. A private dwelling, however, having been found to be attended with some inconveniences, a subscription was entered into, and a handsome building has been erected, at a cost of 1,200*l.*, styled the Lowestoft Infirmary and Dispensary, and capable of accommodating twelve in-door patients. I have been induced to offer these few remarks in further corroboration of those adduced by Mr. Toogood, accompanied with the earnest desire that, in proportion as the value of these institutions is made known, means will be adopted by those who have it in their power to forward so important an object. I have taken the liberty of annexing the last report of the Lowestoft Infirmary, which will explain more fully its local operation.

It will be seen by the report, that the funds of

the institution are at present inadequate for the providing of food for its inmates. Hitherto they have been supported by means of parochial relief and private assistance. It is to be hoped, however, that this difficulty will ultimately be overcome, through the munificence of the friends of the institution, testamentary or otherwise.

I remain, gentlemen,

Your obedient servant,

W. C. WORTHINGTON,

Senior Surgeon to the Lowestoft Infirmary.

*Lowestoft, Oct. 26, 1841.*

### MEDICAL REPORT.

THE Lowestoft Infirmary and Dispensary has now been opened for the reception of patients fifteen months, during which time 400 cases have been admitted on the books for relief; of these, 80 were in-patients, and 320 out-patients. Of the in-door patients, 56 have been discharged cured, 20 relieved, and four have died. Many of the cases have been of such a nature as to require for their relief capital surgical operations, such as compound fractures, disease of limbs, strangulated hernia, tumors, ophthalmic affections, abscess, hare-lip, and diseases of venous trunks, the larger proportion of which could not have been either safely or advantageously treated at their own homes.

The manifest disadvantages necessarily attendant upon the nursing of the sick poor at their own residences, when suffering either from the calamitous effects of a dangerous accident, or in severe cases of illness requiring surgical operation, must be apparent to every one acquainted with their dwellings, and the nature of their domestic arrangements; hence follows the success more generally observed in the treatment of severe cases of illness, when conducted in public hospitals or infirmaries, and particularly in casualties. Experienced nurses, convenient fracture-beds, the necessary apparatus for adjusting the broken limb, efficient surgical attendance, and everything else requisite for the urgency of the case, is always at hand for the purpose of administering immediate relief to the suffering individual—comforts and advantages rarely to be met with, except in the houses of the more affluent.

Of the 320 out-patients admitted, 225 have been discharged cured, 84 relieved, and 11 have died. The total number of patients admitted on the books of the institution since its first establishment, including a period of 18 years, amounts to 5,000, including in-door patients.

It may be here remarked, that the larger proportion of cases which have presented themselves for medical treatment, have been of a chronic character, attacking the head, the viscera of the chest and abdomen, a class of diseases requiring for their relief, very frequently, a protracted and persevering system of medical treatment. Under such circumstances, many of the poorer classes, whose indigence would have rendered it impossible for them to have met the expenses necessarily attendant upon a long course of medicine, have, through the instrumentality of the infirmary, received the relief of which they stood in need.

One thing alone remains wanting to render the institution complete in all its branches, Allusion

is made to the difficulty often experienced by the medical officers in enforcing a well-regulated dietary system, a circumstance frequently of the greatest importance in aiding and securing a successful medical treatment of many of the in-door cases. Owing to the fact of the funds of the institution not being in a condition to provide food for its inmates, very little control can be exercised upon this point. The medical officers trust that the attention of the committee may be directed to the subject.

(Signed) W. C. WORTHINGTON.

## PROVINCIAL

## MEDICAL & SURGICAL JOURNAL.

SATURDAY, OCTOBER 30, 1841.

THE period which has elapsed since various questions relating to the improvement of the medical profession have been under discussion, and prominently occupied the attention of its members, though it has passed without any material amelioration of the evils complained of, or any tangible reform in the medical institutions of the country, has yet proved not altogether unfruitful. Much information has been collected and communicated through the medium of the journals, and the many schemes of reform and plans proposed for the incorporation and organization of the whole body of practitioners, have at least tended to define the ideas of those who were before much in the dark as to their actual wants and requirements. The pressure of existing evils was more or less felt by all, and a restless desire for some change which might bring a remedy, had pretty generally sprung up.

Upon the extent of the changes required, or the nature of the measures which might be necessary, few were agreed. Here, as elsewhere, in this as in other inquiries, discussion has proved favourable to the elucidation of the difficulties with which the subject is surrounded, and the development of those equitable principles upon which it must be finally adjusted.

It is important that the time which must now elapse before any legislative measure can be again brought forward, should be employed in the endeavour to mature these considerations, and to draw towards them the attention of those in power. The change which has taken place in the government of the country, whatever may be the views entertained by individuals, by no means renders it less probable that the just claims of the

medical profession to a consideration of their interests will ultimately be attended to. Although it may be supposed that on some accounts the late government would have been more ready to listen to any representation made to them from influential quarters, and to entertain measures having for their object the reform of our institutions, it must at the same time be admitted, that they were not always in the situation to undertake, in the face of a threatened formidable opposition, the settlement of any question which did not immediately press upon them. Thus the mere show of resistance on the part of a body of druggists was sufficient to fright the medical advocates in the late House of Commons from their propriety, and to induce such a mutilation of the propositions submitted to Parliament, that the House, in unceremoniously dismissing them, ran little risk of disappointing the body for whose advantage they were professedly intended.

The government which now is, whatever may be the opinion which as individuals we may form of its general policy, possesses the advantage of being able to disregard the interested opposition of a few. In the absence of any political bias, therefore, it may be anticipated that the complaints and reiterated calls for redress of medical practitioners will at least meet with the appearance of consideration. To entitle them to this consideration, the evils should be clearly pointed out, and every means be taken to bring a statement of them fully and faithfully before those in power. The medical attendance on the sick poor, and the whole system of medical relief under the Poor-law, is one of the subjects which claims the earliest attention. At present, the government is not committed to any specific measure on this branch of the Poor-law, and previous to its coming under discussion in July next, every effort should be made to draw the attention of the administration to the evils of the present mode of providing for it. The subject of general education again is one toward which the present head of the government has directed some attention, and the advancement of which he is thought to favour. We may therefore not unreasonably entertain the hope that he will be disposed to listen to the requirements of the profession in respect of the qualification of their own members.

We do not make these statements with the view of inducing medical practitioners to place an undue confidence in, or reliance upon, the existing government. Without meaning to impute corrupt motives to public men of any class, we believe that, in all questions not involving great political interests, they would be well pleased to remain for the present in a state of quiescence. But, at the same time, where these political considerations do



not press, we are disposed to think that on a proper representation being made, and a strong case established, they would have the power, and at the same time not be wanting in the will, to exercise it. The line of conduct, therefore, to be pursued under existing circumstances, is, as it appears to us, to make such representations to the government as shall draw their attention to the true state of the questions now under discussion, pointing out the abuses, and indicating such remedial measures as are of practical application, and have a practical tendency.

In contending for a general revision of our institutions, for a suppression of all abuses, and for an efficient organization of our body, it will be well that the opportunities should not be allowed to pass as they arise, for correcting partial evils wherever they are felt. Two measures are especially marked to come before the legislature during the next session,—the poor-law, and the proposed bill for the improvement of towns. The profession should therefore direct immediate attention to the medical questions involved in each of these measures; should, as we have already urged, be prepared not only to afford information to the government in respect of the grievances under which they have hitherto been suffering, but to exert themselves to obtain a remedy for those which have been felt, and to obviate the imposition of new ones. The medical relief granted under the poor-law will, without doubt, be made the subject of special consideration; but if the bill for the improvement of towns is to embrace any measure in which the services of medical men are required, such as the constitution of local boards of health, it becomes of the highest importance that this also should be fully considered. On every account it is desirable that no authority or control should be exercised over the medical officers who may be appointed to sit at these boards, by persons connected with the administration of the poor-law. In like manner, any other measure which may be brought forward, involving the interests of medical practitioners, should be carefully watched, its bearings duly estimated, and every precaution taken to guard the rights of the medical practitioner.

IN our last number we inserted an account of the meeting of the North of England Medical Association, recently held at Durham. It gives us much satisfaction to observe the tone of moderation with which the reasonable demands of the profession for a reform of their institutions and a fitting constitution of their body were put forth. The objects to be gained are of equal im-

port to the community and to the medical practitioner, and are of far too serious a character to be sought by distorted representations, or contended for through the medium of ridicule or reproach. The abuses so justly complained of were temperately stated, and at the same time that the appropriate remedies were called for, that consideration for valuable institutions, which require only some modification of their laws and modes of proceeding to render them every way efficient in the promotion of the great ends which we have in view, was not withheld. Meetings conducted in such a spirit as this cannot fail to prove highly advantageous in the advancement of genuine reform. The members acted wisely also in withholding the expression of their opinion on the specific measures recommended to their notice, for however it may be thought by individuals that one or other of the plans of reform proposed to the meeting may be best fitted for the object, it is highly desirable that ample time should be allowed for the consideration of plans so extensive before deciding upon them.

To give unity and, consequently, strength and efficiency to the great body of the profession, some method must be devised of combining the efforts of the different constituent bodies of which it consists. This, however, by no means calls for an amalgamation of the physician with the surgeon, or of the general practitioner with both, either in an individual or corporate capacity. The formation of one general council, in which the three branches might be respectively represented, leaving to each the special regulation and management of its own concerns, seems calculated to effect this object. The initial qualification of all entering the profession should, indeed, be brought up to the highest standard of efficiency compatible with the due supply of the demands of the public service; the further qualifications by which the higher degrees in medicine and surgery are to be attained should, in like manner, be made such as shall evidence superior attainments in the individual departments to which the attention is especially devoted. We have often before advocated these views, but to produce the conviction of any important truth it requires not merely the indolent assent which is so commonly at once yielded to it, when forcibly set forth, but repeated and oft-renewed endeavours to impress it on the mind. It must be presented in various aspects, and again and again brought forward, until the mind becomes familiarized with the idea, before a due sense of its importance and a conviction of its intimate relations with the general welfare can be established.

The effect of repeated impressions has long been

acknowledged in morals, in polemical divinity, and in general politics. The moralist and the divine well know the destructive effects of familiarizing the mind with the contemplation of vice in any of its forms. The cry of the politician, who wishes to impress his views on the many is—Agitate, agitate. But there is no reason why the use of these powerful weapons should be confined to objects of evil or dubious tendency. The repeated presentation of images and thoughts, and the reiteration of arguments which are made subservient, in the instances referred to, to the debasement of the moral feelings, or to promoting the views of the political demagogue, may be directed into the more legitimate channel of contributing to the advancement of genuine knowledge, and the developement of just and equitable principles. The holding of such meetings as the one to which we have referred, must materially contribute to this desirable object, and the discussion of the grievances and wants of the profession, in such a manner, must ultimately tend to produce that conviction which is irresistible, and which will be followed by the devising of sound and efficient remedial measures.

Among the many important subjects which occupied the meeting, to some of which we may hereafter call attention, was the imperfect operation of the Anatomy Act. This is a subject so intimately connected with the prosperity, and indeed with the existence of the schools of medicine, that it demands more than a passing notice. The petition for which we were unable to find room last week will be found in another part of our columns, and contains much that is apposite to the purpose. To render it effective, a similar one should be presented from each of the schools of medicine now existing, the attention of the home secretary and of some influential members of parliament being also directed to the subject previous to the presentation of the petitions in the House.

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### REVIEW.

*A Treatise on the Nature, Causes, and Treatment of Erysipelas.* By THOMAS NUNNELEY, Lecturer on Anatomy, Physiology, and Pathology, in the Leeds School of Medicine, &c. &c. 8vo. pp. 387. London, Churchill; Leeds, Knight.

WE agree with the author of this treatise, that it is a subject of surprise that, in this prolific book-making age, no separate work on erysipelas has hitherto appeared. He has, unquestionably, in the volume before us, supplied a desideratum.

The work may be fairly said to contain an ample and excellent digest of all the information we at present possess regarding erysipelas. In his introduction the author gives the classification and arrangements of erysipelas, by different nosologists and medical writers, and the divisions of the disease, as made by surgeons. In his chapter on the nature of erysipelas, he points out the discrepancies in the opinions of various authors on the subject, and proceeds to show that erysipelas is not a true exanthem, nor a specific disease. He then enumerates the diseases which are of an erysipeloid character, and these he considers to be, 1st, Erythema; 2, Diffuse inflammation of the cellular tissue; 3, Puerperal fever; 4, Diffuse inflammation of the peritonæum and pleura; 5, Diffuse inflammation of the mucous membranes; 6, Diffuse inflammation of the arachnoid membrane; 7, Diffuse inflammation of the veins and lymphatics. These diseases he considers to be *essentially* of the same nature, and should be classed under one head, though of course the phenomena exhibited may and will be modified, more or less, by the structure and functions of the parts locally involved, and the extent to which they are affected, even though the nature of the affection be the same, and the constitution at the commencement be identical. The prevailing character of the disease might, however, be generally said to be asthenic. He devotes a large space in his work to an elaborate description of the various forms of the affection as enumerated above. The next chapter is on the division of erysipelas into species and varieties,—on erysipelas in infants,—on the diagnosis, prognosis, and post-mortem appearances of the disease. The general and local treatment of the affection is then fully described, and the work concludes with a chapter on the treatment of the different varieties of erysipelas.

Altogether, we consider that Mr. Nunneley has done good service to the profession by the production of this work.

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### NEWCASTLE-ON-TYNE INFIRMARY.

PRACTICE OF SIR JOHN FIFE.

(Report by Mr. JOHN MITCHELL.)

CALCULUS VESICÆ.

W. BROWN, æt. 10, was admitted September 23, 1841, into the Newcastle-upon-Tyne Infirmary, under the care of Sir John Fife. The following were the symptoms presented by the patient:—Pain at end of the penis, and itching when making water, aggravated after the discharge of urine; pain above the pubes; he passes blood occasionally; no protrusion of rectum; occasionally



sudden stoppage of urine. The symptoms just enumerated came on after scarlatina, which he had five years ago; he has been under medical treatment more or less for two years. A calculus was felt by the sound; he was ordered to have Dover's powder, 8 grains, at night, with castor oil in the morning; a tepid bath.

26. The patient has been quite easy since admission; general health good, spirits lively.

28. The bowels were opened in the usual way with a purgative enema, which operated freely.

The lateral operation was performed this morning, according to the method of Liston. The calculus was soon grasped, but proved so large, that Sir J. Fife, rather than use force in extracting it, passed a bistoury through the prostate, by which means it was readily extracted. The whole operation was completed within three minutes. Before the patient was sent to bed, an elastic gum tube was passed through the wound and left in the bladder, the outer end being secured by tapes passed round the loins and thighs. A little dry lint was introduced by the side of the tube, and over the wound.

The calculus weighed seven drachms; was of a brownish white colour, rough surface; of an oblong shape; longitudinal circumference, measuring five inches, transverse ditto, three inches and three-quarters.

29. Has slept pretty well during the night; urine discharged freely through the tube; a few drops came away by the urethra; pulse 136; tongue white; some thirst; the bowels have not been opened since the enema was given; no pain or tension of abdomen; to have a teaspoonful of castor-oil; in the evening the castor-oil was repeated.

30. Has had a restless night, being disturbed by the action of the purgative; skin moist; pulse 120, softer; urine comes chiefly by the urethra.

Oct. 1. Feels better this morning; appetite improved; to have an egg for dinner; feels a little inconvenience from tube, which was ordered to be taken out; external wound to be dressed with cerat. cetacei.

2. Has passed a good night; urine comes chiefly through the wound; to have a mutton chop.

6. Doing remarkably well since the 2nd; appetite good; sits up during a part of the day; wound looking healthy.

10. Urine slightly alkaline; to have tinct. ferri murialis, gtt. x., twice a day. Convalescent.

25. Well enough to leave the hospital.

#### VARUS.

George Lander, æt. 5, admitted September 23, 1841, under the care of Sir J. Fife, with distortion of the right foot. The boy had always walked on the external malleolus, which was covered by a pad of condensed stricture, like the sole of the foot.

The tendo Achillis was carefully divided, but much distortion remained in consequence of the tension of the extensor pollicis longus, which was also divided: a more natural position of the foot was now obtained, and the limb was lightly bandaged on a common fibula splint.

On the 30th, Dr. Little's apparatus was applied, but it rolled inwards on the front of the leg, and after much perseverance was abandoned.

On the 8th of October, Sir J. Fife applied a

splint like that of Desault, (which was made for the case,) having a flat hinge at the knee; but by this time the contraction had so much returned, that Sir J. Fife divided (subcutaneously) the fascia over the tendo Achillis.

On the 25th, the new splint retained the limb in a position nearly natural, and likely to be useful.

## MEDICO-CHIRURGICAL TRANSACTIONS.

### SECOND SERIES. VOL. VI.

WE resume our analysis of this volume of the Transactions of the Medico-Chirurgical Society.

#### *Mr. Ure on gouty concretions, &c.*

This is the original paper, an abstract of which we published in a former number.

Through the facility of forwarding the PROVINCIAL JOURNAL by post to France, the paper of Mr. Ure was brought without delay before our professional brethren on the continent, where it attracted at once a degree of attention commensurate with the importance of the discovery. The substance of Mr. Ure's paper having been subsequently published in another form, it is unnecessary for us to give a further notice of it here.

#### *Dr. Silvester's case of phlebitis.*

We extract this highly interesting case without abridgment.

"Mr. P., æt. 59, observed on Friday evening, March 27th, a pimple on his upper lip, which he supposed to have arisen from a scratch in shaving. His friends had noticed him carrying his pen, whilst engaged in accounts, traversely between the tips. He had been using a steel pen, and a new metallic ink, and it appeared to them that this fluid had accidentally come in contact with the wound, and imparted to it the peculiar deep-red irritable aspect which was very observable. On the following Tuesday, the patient retired to bed early, complaining of general uneasiness, but neither fever nor headache were present, and he slept well. I saw him, for the first time, the next day, (Wednesday,) his pulse was 120, small and weak, the skin cool, and he did not complain of thirst. The countenance was inexpressibly anxious, not unlike that of a person who has taken poison, or one who has been stabbed in the abdomen; the lip was greatly swollen, and he suffered more from a feeling of distension than from pain. So much difficulty was experienced in the attempt to open the mouth, that it became next to impossible to ascertain the state of the tongue; another hindrance arose from the tumified overhanging lip, beyond which the tongue could not have been projected had no other impediment existed. The tumefaction extended a little way upwards on each side of the alæ nasi, but not at all downwards towards the lower lip; it was of a dark red, almost livid, hue, and very firm to the touch. There were no vesicles nor bullæ, nor oedematous appearances on pressure; the pain was of a distending, and not of a burning kind. The affection was evidently not of a purely erysipelatous nature, yet, in the depressed state of the vital powers, it bore so near a resemblance to the asthenic form of

erysipelas, that, guided by analogy, I did not hesitate to adopt a plan of treatment sanctioned by ample experience in this species of malady. The patient was desired to take from four to six ounces of port wine in boiled sago during the twenty-four hours, and three grains of the disulphate of quinine every four hours. This mode of treatment seemed to promise the best effects,—the pulse became fuller and stronger, and the swelling ceased to spread,—the lip itself was cool, but of an immense size,—a glutinous exudation, which now appeared on its surface, thickening gradually from day to day by fresh additions, assumed at length the appearance of a coarse scab, with rocky projections, so perfectly inflexible, that not even the slightest movement of the lip could be effected.

The gums, and the interior of the mouth generally, were seen to be of a dark livid hue, and viscid saliva flowed unceasingly over the neighbouring parts, occasioning soreness and excoriation. On the fourteenth day of the disease, the skin was cool and perspirable, the pulse 80, still rather feeble, the lip was nearly free from uneasiness, although much swollen and thickly encrusted; the patient had slept well the previous night, he was enjoying, with a good appetite, his sago, and believed himself to be rapidly recovering. I observed on the very next day a large red cord, apparently terminating in a vein extending upwards at the side of the nose as far as the inner angle of the eye, first on the left, and afterwards on the right cheek. These inflamed vessels greatly resembled irritated absorbents, but they were of much larger size than the latter, being as big as a goose-quill, even whilst no fluid could be detected in their interior by the touch. After the lapse of five or six days, fluctuation was distinctly perceptible, and I then noticed at several points in the course of these suppurated veins, a slight degree of redness. These red spots became the seat, each, of an exudation precisely of the same character and appearance as that which had previously been observed on the upper lip. A viscid liquid at first escaped, and this, either hardening, or being succeeded by a secretion of thicker consistence, a series of projecting masses, somewhat larger than a horse-bean, of a yellowish green hue, not unlike the scabs of rupia, appeared along the course of the vessels. On one of these scabs or exudations being loosened from its seat, at a subsequent period, pus continued to flow for several days from the part which had received the violence. Another, which had escaped injury, and maintained its position up to a period within one week of the patient's death, dislodged itself spontaneously from the depression between the eyebrows, which situation it had occupied, leaving the parts underneath perfectly sound and healthy, but rather redder than natural.

On the twentieth day of the disease the veins of the forehead had begun to swell, and in a very short period they were to be seen, in great numbers, ramifying all over the fore part of the head, and extending beyond the vertex, presenting a most extraordinary appearance, difficult for the pencil to portray, and very imperfectly represented in the accompanying sketches. The skin and cellular membrane occupying the spaces between the several inflamed vessels seemed at this stage of the complaint to be almost wholly un-

affected, and, owing to this circumstance, the veins themselves were highly prominent, and easy to be distinguished from any other order of vessels. A process similar to that which had taken place in the veins of the lip and face, occurred in those of the scalp, namely, exudation of a glutinous fluid, and incrustation in some instances—resolution and suppuration in others.

The incrustations became loose invariably on the application of a poultice, and quickly fell off. The interior of the vein was thus exposed, and a long, irregular, ulcerated cavity formed.

The vessels which were opened with a lancet emptied themselves gradually of their contents—pure laudable pus for the most part—and neither exudation of the thin gelatinous fluid nor ulceration took place.

On the 21st of April, skin cool, pulse 82, feeble but regular. 24th. The pulse had suddenly risen to 100, extremely feeble.

On the 6th of May the patient seemed to have had a shivering; it was, however, very slight: he had likewise vomited after his usual night dose of syr. papav. 8th. Greatly excited after a dose of morph. hydrochloras gr. ss. 26th. The patient expired, perfectly rational to the last moment.

*Autopsy.*—The body greatly emaciated; on turning back the scalp, which was so fragile and perforated by ulceration that it tore, and yielded to the slightest touch, the diseased veins were seen meandering over the internal surface, filled in some part of their course with a yellowish crumbling fibrinous mass, the smaller branches containing fluid blood of a pale colour, in minute quantity, and a single trunk of the temporal on the left side terminated in a foyer filled with laudable pus. On slitting open those veins which, during life, appeared restored, or nearly so, to their natural condition, they were found perfectly empty, rough and irregular in their interior, apparently deprived of their smooth lining, and their calibre greatly increased. The shrunken attenuated muscles were cut into and examined in several parts of the body, but no deposits of pus could be detected. The lungs, liver, kidneys, and brain, were in a healthy condition, but bloodless. The heart and larger vessels entirely empty. The joints were not examined internally, but they evidently contained no fluid. The patient had not complained of pain or uneasiness in the limbs, and had even walked across the room a few days before his death."

In commenting on this case, Dr. Silvester observes, that although it bore some degree of resemblance to glanders, yet this view was discountenanced by the habits and occupations of the patient.

"The general health of the patient had been very good up to the period of the illness in question; he suffered occasionally from piles; the saphenæ veins of both lower extremities were remarkably distended and varicose, and extensive patches of psoriasis existed in the same parts. The disease was ushered in by the mild symptoms of a common cold; there was neither violent shivering nor delirium; the countenance and pulse alone betrayed the gravity and importance of the attack, and these regained their ordinary tranquil-



lity as the disease proceeded in its course; the skin was generally cool, and the patient seldom complained of thirst, and during the whole period of the malady he was able to take light nourishment with appetite; nevertheless, the thinning process went on steadily from the very commencement of the disorder until its termination; leaving the patient emaciated to the highest degree, and almost bloodless. The inflammation did not spread rapidly like erysipelas over the parts which it was destined to attack; a portion of the vein, probably the space from one set of valves to another, became swollen, hard, and tender to the touch; the hardness remained five or six days, and was then almost suddenly succeeded by evident fluctuation, and, on a lancet being plunged in, pus made its escape, and continued to flow several days; if the vessel were left untouched, a red spot appeared, then a moist, glutinous exudation, and eventually a crusty mass, rather like rupia; and when this crust was allowed to fall off spontaneously, the vessel was found sealed up, and the skin restored to its natural condition, or nearly so; but if removed by violence or otherwise, an irregular opening into the vessel was disclosed: ulceration succeeded; the interior of the vein for a considerable space became an open ulcer; granulations then sprang up to form the parietes; and after death the calibre of many of the vessels was quite complete: but life had not lasted long enough to allow of the perfect restoration of the smooth, polished, internal tunic. At the period when the disease had reached the vertex, the processes of inflammation, exudation, ulceration, and reparation, were going on simultaneously in the several vessels implicated. The vessels of the lip, nose, and eyelid, having passed through the above-mentioned stages, had regained their natural condition in a great degree. The veins of the forehead were covered with an incrustation. The inflammatory appearances had entirely subsided all over the scalp prior to the death of the patient."

*Mr. Hawkins on malignant disease of the spinal column.*

Mr. Hawkins relates four cases of cancerous or malignant disease of the spinal column. In the first case, the cancerous change was confined to the cancellated tissue of the vertebrae, and did not affect the functions of the spinal marrow.

In the second case, the patient began to experience symptoms of a spinal affection six years subsequently to the removal of a cancerous breast. She first felt severe pain in the back; then some pricking sensations in the feet, soon followed by numbness and loss of sensation, and in a short time all power over the lower limbs was completely lost. Curvature of the spine now took place, from destruction of one of the bodies of the vertebrae, and the patient at length died from mortification of the integuments.

Mr. Hawkins gives a highly interesting description of the manner in which the functions of the spinal marrow, &c. were deranged. Although sensibility to external impressions was completely lost in every part below the back, yet violent pain was caused in every part by spasm, and in the limbs; and she frequently complained of acute burning pain in the abdomen. The temperature

of the affected parts was permanently higher, by about four degrees, than that of the upper parts of the body. The evacuations were almost always fetid, and the urine permanently alkaline. On examination of the body after death, a cancerous tumor was found projecting inwards from the body of the sixth dorsal vertebra, compressing the spinal marrow to the length of half an inch, and reducing its diameter very considerably. Cancerous matter was also discovered in several other tissues of the body.

In the third case, the only circumstance which marked the character of the disease during life, was the acuteness of the pain; but in the fourth case, which was probably one of medullary tumor, there was nearly entire absence of pain in the region of the back.

*Dr. Hall on the nervous system.*

In this memoir Dr. Hall lays down a plan of observation which he thinks should be adopted in all future investigations connected with diseases of the nervous system.

The important remarks of Dr. Hall do not admit of analysis. The following table indicates the points which should be investigated in all future cases of disease of the nervous system.

I. The cerebral symptoms. *a*, Excess or defect in the senses; pain. *b*, Delirium; coma. *c*, Paralysis.

II. The true spinal symptoms. *a*, Spasm, clonic or tonic. *b*, Paralysis—in regard to, 1, functions of ingestion; 2, functions of excretion; 3, the muscular system generally. *c*, Reflex and retrograde actions. *d*, Irritability of the muscular fibre.

III. The ganglionic—in regard to, *a*, nutrition. *b*, temperature. *c*, The secretions, especially those, 1, of the bronchi; 2, stomach and bowels; 3, kidneys and bladder.

IV. The effects of emotion.

V. The effects of shock.

VI. The effects of counter-pressure, &c.

The remaining papers are those of Dr. Addison on the anatomy of the lungs; Dr. Wilson on colica pictorum, treated with warm water; Dr. Boyd on a case of malformation; Mr. Toynbee on the ear; Mr. Soden on dislocation of the long head of the biceps; and finally, Dr. Wilson on two cases of aneurysm of the superior mesenteric artery.

The contents of these different papers have been sufficiently noticed in our *contes rendues* of the meetings of the society.

DR. WEBSTER'S REPORT.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—On my return from a visit of some weeks in Scotland, I regret to find that the "Journal" of the Provincial Association has been made the vehicle of several attacks on the "Report of the Deputation of the British Medical Association, to the Meeting of the Provincial Association at York" generally, and on myself individually. A public document is a fair subject for fair criticism; but as you have in two leading articles questioned

the *truth* of several parts of the report, by calling them misstatements, &c., it is but fair that I should be allowed to put myself and the report right in the eyes of my respected fellow-members of the Provincial Association. If you had printed the document itself instead of giving partial extracts, your readers could have better judged for themselves; but you have endeavoured to mystify the report by censuring minor points, while you have suppressed\* the resolutions of the deputations from London, Dublin, and Newcastle; or rather their protest against the conduct and proceedings of two or three of the managers of the Provincial Association, in connexion with medical reform.

I am not surprised that the report is not satisfactory to the Worcester Council, and that it has been assailed by them. The grievance, I am well aware, is, not that there are misstatements, as you allege, but that there is too much truth and plain dealing to be palatable to them.

Your first charge, which runs through the whole of the leading article of September 18th, is, that in the report of the deputation comments were made, and arguments raised, on a document purporting to be the report of the council of the Provincial Association—which was not only not official, but which “Dr. Webster knew was not authentic—that it was not the report adopted by the council—that it had been accidentally sent to him instead of the corrected copy circulated amongst this body, and that it never had been sent to 327 councillors.”

The reply to this charge is simple. I most fearlessly assert, that until after the first meeting at York, I firmly believed that the printed report in question, which had been sent to me by Dr. Hastings, was the corrected and finally-adopted report of the council at large; but from what Dr. Hastings said to me after the meeting, I then supposed it was exactly what it is stated by the deputation to be,—the uncorrected copy of the report of the council drawn up and printed at Worcester, and circulated among the 327 councillors for their corrections or suggestions. If it were not so, I ask what it was?

The facts are these:—When the deputation was appointed by the British Medical Association, I wrote to Dr. Hastings, requesting him, if it were not asking for anything improper, that he would favour me with two or three copies of the forthcoming report of the council, which was to be read at York, for the use of the deputation. I stated that I felt the less hesitation in asking this, as I observed that extracts had been read at the branch meetings, and that it had been commented upon by the “Journal” and the “Medical Press.”

Dr. Hastings replied as follows:—

*Worcester, July 24, 1841.*

My dear Sir,—Yours of the 16th and 23rd I duly received, and in reply beg to say, that I should have replied to your first letter, but that I was waiting the adoption of the report which is only printed for private circulation among the members of the council, to receive back from them any suggested alterations they may think proper to forward to me, before I have it finally copied out for reading at the meeting. I have therefore waited till after this evening's council meeting,

before writing to you, in order that I may submit such report to them for their adoption. I now beg leave to inclose you three copies, which are all I can spare, (having only a limited number printed, and only three left for my own use at the meeting,) but I must request that you consider the loan as strictly private, for you will perceive that I am rather overstepping my duties as secretary, in sending to you what is strictly a private paper of the association's, until it be made public at their anniversary meeting.

On the subject of assurance offices I shall see you at York, when I can confer with you on this head.

I remain, dear sir,

Yours truly,

CHARLES HASTINGS.

To G. Webster, Esq., M.D., Dulwich.

Having received the printed report from this official quarter, I laid it before my fellow deputies, and we at once agreed that we could not sanction the reading of at least one paragraph at the public meeting, as it totally misrepresented the proceedings of the medical conference which had been called in London by the British Medical Association, and we determined to oppose it so as to have an opportunity of giving a full explanation of the facts.

As I reached York before my colleagues, on the evening previous to the meeting, I saw Dr. Streeten at Dr. Goldie's, and I alluded to the paragraph in question, and told him we must oppose it if read at the general meeting on the following day. He replied, “Then you mean, in fact, to oppose the address.” My answer was, “Certainly, because it is opposed to the truth.” I then complained to him of the unjust and uncalled-for articles in the “Journal” against the conference previous to and during its sitting, and against myself personally, of which he admitted himself to be the author, when I added, “You first prophesied evil to the conference, and then you set about to accomplish it—this is not the way to unite the associations.”

Next morning, previous to the general meeting, I made a similar complaint of the untruth of the paragraphs (in the council report) to Dr. Hastings, which I read to him; and as Mr. Ceely at that moment joined us, I appealed to him as to the misrepresentation in the paragraph, to which he immediately assented; and in his hearing I told Dr. Hastings, as I had told Dr. Streeten, that if that paragraph were read as part of the council report, I should feel it my duty to move that it be expunged from the report. I have a letter from Mr. Ceely to this effect, from which I shall give an extract.

Now, I beg it may be distinctly observed, that neither Dr. Hastings nor Dr. Streeten made any objections to the paragraph as not being part of the report, nor did they say or discover that I had received unauthorised copies—no such thing. When the report was read, I certainly felt considerable surprise that the offensive paragraph was omitted; but I naturally concluded, that hearing from myself and Mr. Ceely that it was untrue, it had been struck out previous to the meeting. I therefore immediately wrote on slips of paper—“the offensive passage has been withdrawn; I

\* Dr. Webster will find the suppressed resolutions at p. 424 of our last volume. Some people have eyes, but they will not see.



shall not oppose the adoption of the report." These I handed to Mr. Ceely, Drs. Maunsell and Williams, Dr. Brown of Sunderland, Dr. Marshall Hall, and others, to whom I had mentioned my intentions, and to several of whom, as delegates at the conference, I should have appealed for the truth of what I was to state.

After the meeting closed, I spoke to Dr. Hastings, and said I was very glad that he had not read the paragraph of which I complained, as I and my colleagues had not been obliged to oppose the report, or to disturb the unanimity of the meeting, which we should have been sorry to do. He replied, "O, I find you received, by mistake, the wrong report. You had three of the uncorrected copies sent you instead of those that were corrected." By this I certainly understood that I had received three of the reports sent to the 327 councillors for correction; and if not, I again ask what they really were? Was the Worcester council ashamed to send them to their fellow councillors?

Your second charge is, that "Dr. Webster knew, and therefore his colleagues ought to have been informed by him, not only that the statements objected to had been expunged, but that the uncorrected outline which he received was actually forwarded to him by mistake. What then are we to think of the deputation allowing themselves *thus* to be misled, and subscribing to an assertion, of the truth or falsehood of which as a body they evidently knew nothing? &c." This is a charge of dishonesty and concealment of the truth against myself, and of carelessly subscribing to falsehood, and being misled against my colleagues. If necessary, they could answer for themselves, but I am sure none but yourselves would make such gratuitous and improper charges. My reply is, that the most perfect confidence and co-operation existed between my colleagues and myself; I laid before them Dr. Hastings' letter, and the disputed reports; I distinctly informed them of what occurred between Dr. Streeten, Dr. Hastings, and myself, and also what the latter stated, as to the report of the council not being the corrected one, though I think one or both were present at the time. Our united belief was, that the report was the uncorrected one sent for correction to the 327 members of the council, and we formed our report thereon.

But I have occupied more space than I had intended; I must therefore conclude, and crave room to dispose of the other charge in your next number, which I think I am entitled to, as you occupied two numbers with your charges and comments on our report.

I am, gentlemen,

Your obedient servant,

GEO. WEBSTER.

Dulwich, Oct. 11, 1841.

IN compliance with Dr. Webster's request, we have published the foregoing letter, and might safely allow the matter to rest here. The explanation given therein of the mistatements in the report of the deputation virtually admits all the charges which we thought it right to bring against

the writers or writer of that document. Dr. Webster's statement and argument refer to his conduct previous to and during the meeting, but not to his report. If he at any time laboured under a mistake, it is evident that this mistake was cleared up before he and his colleagues could have agreed upon the report. There are, however, one or two other points upon which we may as well take the opportunity of setting Dr. Webster right with the association and with himself. Why we should print the whole of the report of the deputation, when the main feature upon which that report was founded—the main grievance embodied in it, was shown to rest on a misconception, which charity alone prevents us from calling wilful,—we cannot understand. Our only object, in noticing it at all, was to point out the singular, and as yet unexplained circumstance that this report—an official report made by the deputation of their proceedings at the York meeting—should be made the vehicle of statements which one at least of its authors knew to be incorrect. We do not profess to comprehend the motive for such proceedings, but one excuse we will readily allow to Dr. Webster, for some portion of the fallacy and mistatements with which not only the report but his letter abounds. We can thus see plainly that his memory is neither sufficiently retentive nor sufficiently accurate to enable him to speak correctly upon these subjects. His ideality is evidently inordinately powerful in relation to his general cerebral organization. In another little unnecessary violation of those rules of society which prescribe to gentlemen, in their intercourse with each other, that every passing remark shall not be caught up and dragged before a public tribunal, we find the same imperfection of memory, the same unhappy difficulty of distinguishing the real from the ideal. We can assure Dr. Webster, that in the whole of the conversation which passed between him and Dr. Streeten in Dr. Goldie's drawing-room, Dr. Streeten never admitted, and for very good reasons never could have admitted, any such thing as that to which Dr. Webster refers in his letter. What Dr. Streeten did admit to Dr. Webster was, that, whoever might be the author of the articles referred to, the responsibility must of course rest conjointly with his colleague and himself as editors, and as editors only. We might enter much more fully into this and other subjects touched upon in Dr. Webster's *olla podrida*, but "*le jeu ne vaut pas la chandelle*," and we have some respect for the patience of our readers.—Eds.

## THE ANATOMY ACT.

THE following is the petition drawn up by Mr. Morrison, for which we were unable to find room in our report of the meeting of the North of England Association.

To the Honourable the Commons in Parliament assembled.

The humble Petition of the President and Members of the North of England Medical Association, assembled in the city of Durham.

Sheweth,—That your petitioners are impressively convinced, that without a well-grounded and minute knowledge of the structure and functions of the human frame—a knowledge only to be acquired by frequent and careful dissections of the human body—the physician and surgeon are incompetent, with benefit to the public, to practise their respective professions; that, wanting such knowledge, their art is a fearful instrument of danger in their hands; and that, moreover, the advancement of the science of medicine is in a great measure, if not wholly, dependent on the discoveries made through human and comparative anatomy.

That your petitioners, therefore, deeply deplore the limited means of acquiring the amount of anatomical knowledge indicated, afforded them by the 2d and 3d Wm. IV., cap. 75, commonly called the Anatomy Act, and humbly approach your honourable house with a prayer for such amendments in it as will remove the grievances complained of.

That English students in medicine, aware of the many difficulties which, under the operation of the Anatomy Act, beset their path, are compelled to abandon the superior instructions and practice of their native teachers, and to resort to such continental schools as are provided, by the law of the land, with sufficient means for prosecuting this most important branch of medical science.

That your petitioners humbly refer your honourable house to the 7th clause of the act in question, which provides, “that any person having lawful possession of a deceased body *may* deliver up the same for dissection, unless the deceased person, previously to his death, shall have otherwise by will disposed of his body, or unless the said body is subsequently claimed by a known relation.”

That in reference to the above clause, your petitioners humbly beg to point out to your honourable house that cases frequently arise when it is difficult or impossible to define who is the lawful possessor of the body, and that not only does inconvenience and danger of violating the statute result to the licensed teacher of anatomy from such ambiguity of expression, but the ambiguity is taken advantage of by persons prejudiced against dissection, to elude the intention of the statute. That instead of a discretionary power being given to persons (not relatives) having lawful possession of dead bodies, your petitioners humbly suggest that the requirements of the anatomical students make it imperatively desirable that it should be compulsory on such persons having lawful possession of a body, to deliver up the same when demanded by a licensed teacher of anatomy.

That your petitioners urge the above alterations—

1st. Because it would amply provide for the requirements of the anatomical student.

2nd. Because the compulsory enactment, while it would materially advantage the living, would in no wise prejudice the dead; and that, inasmuch as no relatives would survive a body so disposed of, no objection could be urged against the change on the score of violation of feelings.

3rd. Because it would remove from the shoulders of public functionaries, who, for the most part, hold possession of unclaimed bodies, the responsibility of a discretion which they universally fear to exercise.

That to facilitate the operation of the act under the proposed change, your petitioners humbly point out that a clause should be inserted to provide for the immediate removal of unclaimed bodies to a public dead-house, whence they may be removed, whether to the burial-ground or dissection room, without public observation.

That your petitioners regret the general ambiguity in the construction of the Act, and humbly pray that your honourable house will remove from it all contradictory instructions, and render its provisions lucid and intelligible.

That your honourable house will delegate to the several registrars of births, deaths, and marriages, residing in districts where anatomical schools exist, or the inspector of anatomy, where such officer has been appointed, authority and power to give timely notice to the teacher of anatomy, licensed under the seal of her Majesty's chief secretary of state for the home department, of the death of any unclaimed person, and to remove the body of the same to such central dead-house as shall be appointed, for the disposal or otherwise of the aforesaid teacher of anatomy.

That your petitioners, although practitioners in medicine, are perfectly sensible of the fact, that between the public and themselves there is an identity of interest; that no possible good can be sought by them, which can possibly operate to the disadvantage of the public; and that, in seeking the measure of reform detailed in the petition, they have no selfish, no mercenary object in view.

And your petitioners will ever pray, &c.

## ASSOCIATION OF MEDICAL OFFICERS

ATTACHED TO

## HOSPITALS FOR THE INSANE.

At a meeting of medical gentlemen attached to lunatic asylums, held at the Gloucester Lunatic Asylum—Present: Dr. Shute, of the Gloucester Lunatic Asylum, in the chair; Mr. Powell, Nottingham; Mr. Wintle, Oxford; Mr. Thurnam, The Retreat, York; Mr. Gaskell, Lancaster Asylum; Dr. Hitch, Gloucester:

The following resolutions were adopted:—

That an Association be formed of the medical officers attached to hospitals for the insane, whose objects shall be—Improvement in the management of such institutions and the treatment of the insane, and the acquirement of a more extensive and more correct knowledge of insanity. That the medical gentlemen attached to hospitals for the insane be individually addressed, and requested to join the association.

That, by the members of this association, the



terms lunatic, and lunatic asylum, be abandoned, except for legal purposes, and that the terms insane person, and hospital for the insane, be substituted.

That to effect the great objects of this association, visits be made annually to some one or more of the hospitals for the insane in the United Kingdom; and that the order of rotation in which such visits shall be made, be determined at the several meetings.

That the concurrence of the governors of the several hospitals to this arrangement be solicited by the respective medical officers.

That at its meetings the association ascertain and record, as far as possible, the medical and moral treatment adopted in each hospital.

That to insure a careful comparison of the results of treatment in each, it is strongly recommended that uniform registers be kept, and that tabular statements, upon a like uniform plan, be circulated with the annual report of each hospital; or, where this is not practicable, that it be otherwise transmitted to the association.

That, at the meetings, papers and essays be read; subjects of interest to the insane and to the association be discussed, and information communicated; and that a copy or minutes of these be preserved on the journal of the association.

(Signed)

HARDWICKE SHUTE, Chairman.

July 27, 1841.

Forty-four medical officers of hospitals for the insane have already joined this association.

## BIRMINGHAM ROYAL SCHOOL OF MEDICINE AND SURGERY.

On Saturday last, a numerous and highly-respectable meeting of the council, patrons, and friends of the Birmingham Royal School of Medicine and Surgery, took place in the theatre of the institution, in Paradise-street, on the occasion of the annual distribution of prizes to those students who had distinguished themselves in the several departments of medical and surgical knowledge, as well as by their exemplary conduct and diligence during the past year.

Dr. Johnstone, the venerable and esteemed president of the institution, occupied the chair, and amongst the visitors who honoured the meeting with their presence, were the Right Rev. the Lord Bishop of Worcester, C. H. Bracebridge, Esq., Joseph Webster, Esq., J. E. Piercy, Esq., W. Room, Esq., (the low bailiff,) J. W. Whateley, Esq., Henry Van Wart, Esq., Thomas Clark, Esq., H. Burgess, Esq., (commissioner of police,) the Members of the Council of the School and Queen's Hospital, Dr. Eccles, Dr. Percy, Dr. Birt Davies, Dr. Lloyd, Dr. Melson, Dr. Ingleby, Dr. Annesley, G. B. Knowles, Esq., W. Sands Cox, Esq., and other medical gentlemen. Amongst the clergy and ministers we observed, the Rev. J. Garbett, (rural dean,) the Rev. R. Kennedy, the Rev. J. P. Lee, the Rev. Sydney Gedge, the Rev. J. Gwyther, the Rev. J. W. Downes, the Rev. S. F. Morgan, the Rev. Colin Campbell, the Rev. M. W. Foye, the Rev. B. Spurrell, the Rev. I. Spooner, the Rev. J. Clarke, the Rev. J. Webster, the Revs. Messrs.

Crowther, Rowe, &c., and the Rev. J. A. James. Letters were received from the Earl of Dartmouth, the Earl of Bradford, the Earl Howe, Lord Lyttelton, Viscount Liford, Sir Robert Peel, the county and borough members, the Rev. Vaughan Thomas, and the Mayor, apologising for their unavoidable absence.

The President opened the proceedings of the day by observing that they had assembled on one of the most interesting occasions that could occur—that of rewarding merit; and the only difficulty which the council experienced was in discriminating between the excellence of the competitors, inasmuch as the whole of the pupils had distinguished themselves no less by their proficiency in their scientific pursuits than by their admirable conduct. The president then adverted to the munificent gifts of Dr. Warneford, who, in founding his prizes, was influenced by an anxious wish to *combine with the acquisition and diffusion of medical instruction the great and important doctrines of Christianity*; and concluded by calling upon Mr. Clay, to read the prize essay written by his brother, Mr. W. F. F. Clay of Handsworth, (who is now completing his studies at Cambridge,) “On the Valvular Structure of the Human Heart, as an instance of example of the wisdom, power, and goodness of God, as revealed and declared in Holy Writ.”

Mr. Clay then proceeded to read the essay in question, which was listened to with marked attention and interest by the audience, and elicited a general expression of applause at its close.

The Lord Bishop of Worcester, in presenting the medal to Mr. Clay, pronounced an interesting discourse, in which his lordship clearly showed that the study of the human body, so far from leading to materialism and irreligion, tended to impress on the mind the existence of a great and supreme Cause.

Appropriate speeches were made by several other gentlemen, on handing over their honours to the different successful candidates.

The following is a list of the prizes presented on this interesting occasion:—

The first Warneford Gold Medal and Ten Pounds.—Presented by the Lord Bishop of Worcester, to Mr. W. F. F. Clay, Handsworth.

The Jephson Prize, Twenty Guineas, (offered by Dr. Jephson of Leamington).—Presented by the Rev. James Prince Lee, to Mr. John Davies of Stourbridge.

The Gold Medals for Regularity and Good Conduct, (offered by the Governors and Subscribers to the School).—Presented by C. Holte Bracebridge, Esq., to Mr. Hind and Mr. James, both of this town.

First Medal, Anatomy, (offered by W. S. Cox, Esq., and Langston Parker, Esq.).—Presented by the Rev. J. Clarke, Rector of Northfield, to Mr. James, of this town.

First Medal, Chemistry, (offered by J. Woolrich, Esq.).—Presented by J. E. Piercy, Esq., to Mr. G. H. Stallard of Leicester.

Second Medal, (offered by J. Woolrich, Esq.).—Presented by J. E. Piercy, Esq., to Mr. G. Yates, of Dumbleton, Gloucestershire.

First Medal, Botany, (offered by G. B. Knowles, Esq.).—Presented by the Rev. R. Kennedy, to Mr. J. C. Clarkson, of this town.

First Medal, Materia Medica, (offered by Dr. James Johnstone and G. B. Knowles, Esq.).—

Presented by the Rev. R. Kennedy, to Mr. J. C. Clarkson, of this town.

First Medal, Practice of Physic, (offered by Dr. Eccles.)—Presented by Joseph Webster, Esq., to Mr. J. N. Greensill of Stourport.

First Medal, Surgery, (offered by W. S. Cox, Esq.)—Presented by Joseph Webster, Esq., to Mr. W. Davies of Stourbridge.

First Medal, Midwifery, (offered by J. Ingleby, Esq., and S. Berry, Esq.)—Presented by the Rev. M. W. Foye, to Mr. J. Davies.

Book, *Materia Medica*, (offered by Dr. James Johnstone and G. B. Knowles, Esq.)—Presented by the Low Bailiff, to Mr. Harrison of Radford, Notts.

Book, Botany, (offered by G. B. Knowles, Esq.)—Presented by T. Clark, Esq., late Low Bailiff, to Mr. John Moore of Moreton-in-the-Marsh.

Book, Demonstrations, (offered by Mr. Bolton.)—Presented by Mr. W. H. Osborn, to Mr. Field, of this town.

Gold Medal, Chemical Essay, (offered by Dr. Percy.)—Presented by the Rev. J. A. James, to Mr. Stallard of Leicester.—*Abridged from the "Birmingham Herald."*

### FLUID MAGNESIA.

WE have received from a scientific friend the following note:—

The fluid magnesia has a specific gravity of 1.029, which is nearly the density of some seawater. It is alkaline, as shown by litmus paper, and effervesces with acids. Five-hundred-grain measures, rather more than a fluid ounce, having been slowly evaporated to dryness by a steam-heat, left behind twelve and a half grains of the hydrated carbonate of magnesia. This, on examination by the microscope, is seen to consist of minute transparent spicular crystals, together with small spheroidal granules; on ignition it loses sixty-five per cent. of its weight. Hence purchasers of the article are compelled to pay one shilling for a bottle containing little more than a scruple of real magnesia, the retail price of which is *one half-penny*. It ought to be observed, that the fluid magnesia deposits crystals after it is allowed to stand for some time, which crystals are insoluble in boiling water.

### MEDICAL APPOINTMENTS. IRELAND.

DR. GEORGE GREEN has been elected Queen's Professor of the Practice of Physic, in the School of Physic, Ireland, in the room of Dr. Lendrick, deceased.

Dr. Law has been elected Professor of the Institutes of Medicine in the same school, in the room of Dr. Graves, resigned.

IT is rumoured that the College of Surgeons are about to institute a new professorship connected with public health, to which a salary of 100*l.* per annum is to be attached. This snug little berth will probably be occupied by Dr. Maunsell.

### BOOKS RECEIVED.

Observations on Tuberculous Consumption, &c., illustrated with Coloured Drawings. By J. S. Campbell, M.D. Bailliere, London, 1841. 8vo. pp. 404.

Researches into the Causes, Nature, and Treatment of the more prevalent Diseases of India, and of Warm Climates generally. By James Annesley. Second Edition. Longman and Co., London, 1841. 8vo. pp. 606.

On the Remote Cause of Epidemic Diseases. By John Parkin. Hatchard and Son, London, 1841. 8vo. pp. 198.

### TO CORRESPONDENTS.

A member of the Provincial Association, residing at Ipswich, is informed that the Subscription to the Association becomes due on the First of January of each year, and may be transmitted to the Secretary, (Dr. Hastings, Worcester,) by a Post-office order.

The communication from *Birmingham* has been received.

We have to acknowledge the receipt of letters, &c. from *Mr. Oswald, Mr. Roskett, and Mr. Nottingham*; the communication of the latter gentleman shall appear next week, and also that of a *Rural Practitioner*.

The publisher of the *PROVINCIAL JOURNAL* begs to inform gentlemen desirous of completing their sets, that a new and improved series, containing Sir A. Cooper's papers, &c., commenced with the last volume, April 3, 1841. The back numbers from this period may be obtained through the medium of any bookseller or newsman in town or country.

Letters and communications should be addressed to *Dr. Hennis Green*, 58, Margaret Street, Cavendish Square. Letters connected with the Provincial Association may be addressed to *Dr. Streeten*, Foregate Street, Worcester.

### ERRATA.

In the leading article of the last number, page 72, col. 2, line 12, *for Hooper read "Hooker;"* line 48, *for uses read "usages;"* page 73, col. 1, line 51, *for careful read "awful;"* page 74, col. 1, line 55, *for it is read "if it;"* col. 2, line 33, *for practical read "partial."* Also at page 66, col. 1, *for physiology read "toxicology;"* same page and column, *for sufferer read "scoffer;"* same page, col. 2, *for physiologist read "toxicologist."*

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## CLINICAL OBSERVATIONS

ON A

### CASE OF POISONING WITH OPIUM, AND ON OPIUM EATING.

DELIVERED AT THE CHARING-CROSS HOSPITAL,

By W. D. CHOWNE,

PHYSICIAN TO THE HOSPITAL.

JANE JONES, aged 21, a domestic servant, in consequence of misunderstandings with a fellow servant, took opium, which she procured in penny-worths at four different shops. She swallowed the whole, and the quantity might be computed at forty or forty-five grains.

She almost immediately felt remorse, and came voluntarily to the hospital, earnestly desiring to submit to the measures necessary for averting the consequences of her rashness, and was admitted under the care of Dr. Chowne.

Oct. 9.—First day. The stomach-pump was immediately used, large quantities of fluid were successively passed into the stomach and withdrawn from it; and after this, an emetic of sulphate of zinc was administered, which brought up a small piece of crude opium.

She began to feel effects from the opium when she arrived at the hospital, which, according to her estimate, did not exceed half an hour from the time of her swallowing the poison. Within an hour after taking it, although in the interim the stomach-pump had been used, and the emetic had taken plentiful effect, she began to feel a degree of drowsiness which made constant attention to prevent her from sleeping indispensable. There were free evacuations from the bowels, (procured by aperients,) as well as from the stomach, and these together afforded every prospect that the greater part of the opium would soon be carried out of the primæ viæ, leaving the effects of that only to be combated which had, before the action of the evacuants, been absorbed into the system. Lest, however, undissolved particles of opium should remain adherent to the mucous membrane, that of the stomach more particularly, from which it is extremely difficult of removal, it did not appear to be proper to administer acids, which, although useful when the tincture of opium has been the poison, is calculated to be prejudicial by accelerating solution, and consequently absorption into the system, where crude opium has been taken. Under these circumstances, the treatment has consisted of encouraging the action of the stomach by copious draughts of warm water, and of the bowels by an enema, and keeping the patient roused, and in motion. She had also occasionally coffee, and a stimulating mixture of ammonia. This treatment was continued until it appeared to be safe to allow short but carefully-watched inter-

vals of repose. The symptoms which were present during the first few hours, and which might safely be attributed to the opium, were few, others, as the state of the pulse, of the skin, and of the tongue, might be attributable partly to the means in operation for her cure. The symptoms, however, which were attributable to the opium, were very characteristic—for example, a peculiar drowsy expression of countenance, dull inexpressive appearance of the eyes, the pupil closely contracted, and varying but very little, whether turned to or from a strong light, a strong, almost insuperable tendency to pass, not gradually, but at once, into a profound sleep, yet still capable of being brought as quickly back to consciousness. The pulse was small and quick, the tongue moist, skin sometimes dry, sometimes with cold perspiration; the state of the pulse, tongue, and skin, however, may have existed under the effect of the emetic and other means used, and although not uncommon in cases of poisoning by opium, cannot in this case be safely attributed wholly to it.

10.—Second day. Had scarcely slept all night, having been constantly roused. General aspect very similar to that of yesterday, except that the individual symptoms, drowsiness, torpor, &c. were moderated; had pain at the scrobiculus cordis and in the abdomen; had taken large quantities of drink: up to this time renal secretions in natural quantity; bowels acting moderately with the aid of aperients; pulse small, feeble, 68; breathed slowly.

To continue the mixture, with ammonia, coffee, &c., and to be frequently roused and moved about; to lie high at the head in bed.

11.—Third day. Had slept heavily, but with bad dreams, occasional starts and screams. Constipation; no renal secretion since yesterday about one o'clock P.M.; tongue moist; pulse 96, small; senses dull, looks sleepy; eyes inactive, pupils still small. Catamenia absent; should have taken place yesterday.

To continue the mixture, coffee, &c.

12.—Fourth day. Countenance rather improved; appearance of eyes better, but still dull and inexpressive; pupils rather larger; more acted upon by light; no renal secretion passed since the 10th until to-day, making about forty-eight hours; not abundant; still very drowsy; slept a good deal. Disagreeable dreams, sees insects, flies, &c. while waking; bowels sluggish; tongue faintly brown; pulse small, feeble, 72.

13.—Fifth day. General appearance rather better; restless feeling of limbs and body, but still sleepy; keeps dropping off into a state of unconsciousness, yet still disturbed. Head, aching and heavy; eyes heavy and painful, as if bruised or crushed; renal secretion, natural quantity; bowels natural.

To have mixture, with diluted sulphuric acid, three times a day. Catamenia still absent.

14.—Sixth day. General appearance gradually improving; tongue cleaner; pulse 72, very small

and feeble; head still aching; eyes heavy, and still feeling as if bruised, but easy when closed; has tried to read, but cannot, the letters run all together; has attempted to work with her needle, but it tries her eyes and hurts her head; slept heavily, but had disagreeable dreams; bowels have acted; renal secretion natural; appetite moderate; thirsty; hands rather tremulous. Does not now feel any pain; says she feels in a careless state, indifferent about everything—everything seems to vanish away from her thoughts; does not now seem to have anything to trouble her; has not had any agreeable feelings from the action of the opium; her condition now is one of neither pleasure nor pain, but time seems long; still feels drowsy; if she would give way to it, could have a sort of sleep all day. Catamenia still absent. This is the first instance in which it has been delayed since the first appearance.

To continue the acid mixture; to have mutton diet.

15.—Seventh day. General appearance better; tongue clean; countenance and eyes better; kidneys performing their function naturally; sleep sound and without dreams; catamenia free, much as usual.

To omit medicine; to continue the diet.

16.—Eighth day. Altogether better, walking about the ward; bowels constipated; used to be free before taking the opium; catamenia free; going on favourably.

Gentlemen, the subject of poisoning by opium is one of great interest to the profession, as it is also to the public. A very large proportion of the poisonings in this country have opium in some of its forms for their agent, as you will perceive by this abstract from a table which I have made from parliamentary returns.\* Besides the interest which attaches to this subject, on account of the deaths which it causes promptly and obviously, is that which arises from what is misnamed the use of opium, but from which calamities almost more dreadful than death reduce existence to a protracted misery. I have here some notes relating to an example of this kind which I will read; I took them down from the narrative of a woman who was some time since in this hospital, and who had been many years an opium-taker; she gave me, in the course of inquiries and investigations which I made, a very detailed history, not only of the quantities she took, but of the effects of the drug upon her health, and on her feelings; on her system generally, and on individual functions. She had seen a great deal of good society, and had so far mixed with it, (though I am not aware in what capacity,) that her own appearance and manner, and what is still more to our present purpose, her capabilities of reasoning, and of expressing herself, were altogether superior to what we are in the habit of meeting with in hospital

patients. When she found that I inquired as to the effects of the opium upon her constitution, sensations, &c., she remarked that she had very lately read the book called the English Opium Eater, but that she was amazed to find that it contained so little information that could, so far as she was capable of judging, be interesting to the faculty. Perhaps we shall not be exercising more than a due precaution, if we consider that in her details, made under an impression, that the English Opium Eater's were deficient in this particular, and possibly with a desire to fill up the hiatus, she may have given a little more than the exactly appropriate force to some of her expressions. I have strong collateral reasons, however, for considering the general tenor of her descriptions to be essentially true.

To proceed: she was, when admitted, twenty-seven years of age, of rather fair complexion, middle height; apparently of a sound constitution, otherwise than as it was affected by the use of opium. As a child she had excellent health; at about ten years of age was with a lady who habitually took laudanum. At this time she received a fright from seeing a man fall and fracture his skull—"part of his brain spattered upon her;" the lady with whom she was, gave her some laudanum in a liqueur glass, which she (the patient) estimated at about two drachms, and adds, that she supposes the lady was herself under the influence of laudanum at the time, or she would not have given her so much. Soon after taking the laudanum she felt ill and sleepy, and had a medical man who sat up with her all night. When the effect of the laudanum went off, she had a diarrhoea, which was checked by fifteen drops of laudanum. The diarrhoea, and the pain by which it had been accompanied, were relieved so agreeably by the laudanum, that she thought she would never feel pain again while laudanum was to be had. The effects were so agreeable, that she had small quantities daily, and took it for her gratification; she found it necessary to increase the dose daily; at the end of sixteen months could take half a wine-glassful at a time; took this quantity once a day in the morning; almost immediately after she had taken it, she felt strong and cheerful, active in her mind, industrious, and disposed to learn her lessons; it enabled her to learn with facility, quickness, and clearness; she thought it gave her a zest for acquirements. This exhilaration continued steady through the day, and until bed-time, without the aid of other stimulants; she ate but little, not having an appetite; felt so light-hearted, that she was more like a spirit than a human body.

First after taking her dose, she had a nice natural glow of heat; then a dryness and itching of the skin; when she got into bed, she fell into a great perspiration; while under the influence of the laudanum, the secretion of the kidneys very scanty; she noticed this to be the case, in comparison with girls of the same age; passed but seldom; the colour dark; bowels constipated; for the constipation she took a little dry common table salt; she thinks the laudanum induced a disposition to eat salt; it had the effect of an aperient; was not in the habit of eating salt until she took laudanum; has the same propensity now when under the influence of opiates, but not at other times. Used to sleep pretty well; dreamt occasionally, but not in a manner that was remarkable;

\* During the years 1837, 1838, the total number of inquests held, where death was found by verdict of jury to have been caused by poison, was 546. Of these, there were poisoned—

By crude opium	-	-	-	40
Acetate of morphia	-	-	-	2
Laudanum	-	-	-	133
Godfrey's cordial	-	-	-	5
Syrup of poppies	-	-	-	5
Cough syrup	-	-	-	2
Infant's mixture	-	-	-	1
Laudanum with aquafortis	-	-	-	1
Laudanum and prussic acid	-	-	-	1



at that time could leave the laudanum off for a day or two without depression, and occasionally did so, partly for experiment, and partly because she had not a strong desire for it.

Went to Malta—was six years in the Mediterranean, during which time she visited many of the Greek islands. Still kept increasing the dose of laudanum; she became acquainted with some Greek women, with whom she took wine or opium or coffee. By the time she was sixteen years of age, could take very large quantities of laudanum; secretion of the kidneys still very scanty; skin dry during the day; perspirations at night; the bowels as when smaller doses were taken.

Was (with the lady before spoken of) a great deal on board ship, (a man-of-war,) while in the Mediterranean. While under the influence of laudanum, evinced a daring spirit, so much so as to astonish the sailors; would go without fear up into the shrouds; would remain upon deck, when other females were put below, as when bouting ship, &c.; her nerves seemed so strong that she could do anything: in one instance, as an act of daring, during a squall, went and hung on upon the yard-arm, while the ship rolled dreadfully; was never sea-sick; had none of the fear usual to females.

During her visits to the Greek women, often took very large doses of solid opium. Upon my remarking to her that the quantity of solid opium which she described as having taken, was considerably more than equivalent to the quantities of laudanum she had been accustomed to take, she said, I should find that any opium eater could take a great deal more opium than laudanum. With reference to the Greek habit of commonly taking coffee after opium, she said that in her own case it took off the effect of opium, and therefore she used to decline it. She never had any explanation why the Greeks take what is so likely to neutralize the effect of the opium.

She never observed that the Greeks were exhilarated by the opium. She has observed that the Greek men who went in the morning to the divan were weak and palsied, and that they came away strong, seemingly a little intoxicated, but still not exhilarated.

At 16, had catamenia; nothing unusual about the accession.

At Zante had fever, when between 16 and 17 years of age, she thinks typhus. The doctors gave her laudanum occasionally to produce sleep; they knew she had been in the habit of taking it: but recollects their remarking that thirty drops sent her to sleep as it would another person. They remarked to her, when the fever was over, that if she liked to leave off taking opium, she had a good opportunity, as she had not taken more than thirty drops during twenty-four hours in the course of her illness. She returned to it, however, almost immediately after. Her friends endeavoured to prevent her having access to any, but she got a bottle of acetous tincture, of the women who came out to the vessels in the bum-boats, who always bring some with them. She took it because she felt weak and unhappy, and wished to have again the agreeable feelings she used to experience.

She remarks that the acetous tincture did not produce the calm stupor, or stillness, and flagging of the spirits, that was produced by crude opium,

nor the exhilarating effect of ordinary laudanum; neither did it produce the dryness of skin and itching that was produced by both crude opium and laudanum, but the skin retained its natural state. Under the use of large doses of the acetous tincture, none of the secretion of the kidneys was passed for three days and three nights, and then not more than half a pint. Did not in the interim suffer as if from distension. Bowels still constipated, but acted on by salt.

Returned to England after a passage of about two months, during which time she was occasionally and for days without opiates, but was in a wretched state of lowness and depression; with shiverings, cold perspirations, the countenance pale, deathly, and in every respect changed; had violent diarrhoea. Copious renal secretions; had pain of the loins, and she considers that she had inflammation of the kidneys.

During her first three weeks in England took the ordinary tincture. Her daily consumption, she says, about four ounces. During the succeeding six months took four ounces and a half daily, with some crude opium.

Considers that from the time she left Zante her constitutional health was good, although suffering depression, &c., in the absence of opium, but when under the influence of it, seemed insensible to cold, even on inclement days in the winter. Again, had scanty secretions from the kidneys; difficulty in passing it; not the difficulty of pain, but of deficiency, without sense of fullness. Bowels as usual. Catamenia healthy, and, up to the period when my notes were taken, had never felt headache. She says the expression, *never*, is not too strong a one.

At 19 years of age was seven months advanced in pregnancy, and suffered great mental affliction. During the early part of her pregnancy, took very large doses of laudanum daily; her expression was, that she almost lived on laudanum. Sometimes took *excessive* doses, did not either sleep or feel drowsy, but often sat all night in her chair, quite calm and still, not wanting even to read. The night did not seem more than an hour long. Did not breathe, nor want to breathe, so often as usual, and her heart did not beat so fast; she has remarked this for the length of a whole day.

When her labour came upon her, she was not under the influence of laudanum; had a safe delivery after seven hours. The placenta followed soon after the child. About six hours after the birth of the placenta she had violent hæmorrhage.

The child (a boy) was, she says, so fine a child that it was remarked upon by the doctor: it continued to be a fine growing healthy child for three years, at which age it died of croup.

She gave the child the breast for five weeks; she took laudanum while she was suckling, but only a little given to her by the doctor; she thinks she could not have taken more than a drachm a day.

She was prohibited the excessive use of laudanum during the first five months after her confinement, but suffered great lowness of spirits, and frequent attacks of diarrhoea in consequence. Slept badly while restricted to small quantities, keeping awake sometimes three or four nights, and when she slept having frightful dreams; during this partial abstinence she was in a miserable state altogether,

At the end of the five months had a fresh cause of trouble, and procured a pint of laudanum from a druggist, which she *says* she took in two nights and two days, in small quantities and very often; it made her feel happy, and think light of the troubles she was beset with. She had no appetite, but cannot say whether from the opium or the state of her mind. Did not go to bed for a week, but sat up from preference, sometimes standing up on the floor in a state of stupor. Continued taking from half a pint to three quarters of a pint a day; this she took in desperation. While under the immediate effect of these large doses had not perspiration, but when the effect began to die away perspiration returned.

Renal secretion still scanty, and passed with effort.

From this time, for three years, she almost wholly kept her room, and abandoned herself to the use of laudanum; sometimes in the course of a morning taking half a pint; this was occasionally rejected from the stomach, and she felt extremely ill; after a time, however, her stomach felt as if again prepared for the reception of more, and she took a large draught, (she says a pint,) and afterwards felt strong again, and had an appetite. At this time she was prone to give way to melancholy thoughts.

After any temporary interruption to the use of it, her reason for resuming it was the lowness she suffered in its absence; the feelings were lowness, downright illness, cold sweats, loss of memory, difficulty of speech; could scarcely move her tongue to articulate, it seemed too indolent to perform its office.

During these privations the renal secretions were passed in very large quantities, very pale; odour generally not particular, but at some times the urine had a heavy odour, resembling some wall-flower, but she could not recollect the name; has perceived the same since she has been in the hospital. She had at these times pain across the loins, and shooting down the thighs to the ankles: it had not the peculiar odour when in small quantities.

The interruptions to her use of laudanum were when she could not go out to procure it; besides the other consequences of privation, she had severe diarrhoea; she considers that the diarrhoea would have lasted until she could procure a fresh supply; it required an immense draught to stop it. She considers an immense dose a pint of laudanum, and then an ounce or an ounce and a half of crude opium, which she took for amusement. She thinks that at the time opium would not kill.

At this time she was a fortnight entirely without the drug, (not voluntarily,) and had all the distressing symptoms already described, including diarrhoea and copious renal secretion. In consequence of the diarrhoea, a doctor saw her, who gave her doses of laudanum, which she estimates at twenty or thirty drops, repeated three or four times; it had no effect, and he suspected the laudanum was not good. He sent her a chalk mixture with laudanum, one table-spoonful to be taken occasionally; she took it all at once, and felt as if she had had a good drop of laudanum; this checked the diarrhoea.

While still under the influence of this last dose, she set off in an open vehicle to travel a distance of twenty miles in a heavy rain; got thoroughly wet;

it was late in September. Although wet and drenched throughout the journey, she took no cold.

At this time she resumed the use of the common tincture and crude opium: she generally took the tincture first, because it produced more excitement of spirits, and she then took opium to prolong the effect; she thinks the effects of opium are more enduring than those of laudanum.

At this time she was in Dublin, and she states that a physician there doubting whether she could take so much as she had stated, to convince him, she took off a large quantity of laudanum in his presence. She stated, without my questioning her, the physician's name, and thus gave me an opportunity, which I have been extremely glad to avail myself of, in order to test, in some degree, the truth of her general story. I addressed a letter to Dr. Burgess, when he was last in Ireland, detailing to him the information I was desirous of obtaining; he has put into my hands this letter, addressed by the physician to myself.

"Sir,—I feel great pleasure in answering your inquiry. I have a recollection of the person you mention, and of her taking the laudanum, but, to the best of my memory, the quantity was three ounces. Even this, when I witnessed it, alarmed me so much that I had the stomach pump in readiness, lest she should be seriously narcotized. She was a regularly established opium eater, and required a daily allowance of laudanum.

"Your obedient servant,

"\_\_\_\_\_.

"5th September, 1841."

This letter enables me to allude with more confidence to the case, as it is a corroboration of an important point in her narrative, which is calculated to give greater credibility to the whole.

She remained in Ireland four months, and continued taking as usual.

A gentleman gave her a small wine-bottle of Batley's sedative. "Batley's liquor sedative opii" she calls it. It was put into the possession of a person, with injunctions to give it sparingly; she had one dose, a quarter of a pint, and not feeling satisfied, she quarrelled with the person, got the bottle and took half a pint, not caring whether she lived or died. Soon after taking it she felt low; it did not strengthen her like laudanum; was weak, and seemed powerless; was conscious of what those about her were doing, but could neither speak nor make any sign. This state continued three days: in the interim she was bled from the arm; does not know to what extent; she was told that she had been cold, that her legs had swollen; had constant sighing and faint yawning, but no sleep; does not know what was the state of the bowels or of the renal secretions.

For some days after this, laudanum, even in the usual doses, had not the accustomed effects; she felt as if something was oppressing her breathing, as if the air was too thick, and as if an oppressive load was over her which she could not break through. Yet the window was open, and the place airy.

This was the only form of opium that ever affected her head—it filled her head with a rushing noise, not pain; she was scarcely conscious when people were speaking to her, unless they spoke so



as to rouse her. She never took Batley's solution again; it made her too sedate.

She left Ireland to come to England, and got about a quart bottle of laudanum to bring with her; she took, she says, in two days about one-third part; on the third day her bottle was broken by accident; she was so unwell, however, for want of laudanum, that the captain put into Plymouth purposely to enable her to procure a fresh supply—she got a large bottle, which brought her to London.

Of this she took so much, that when she arrived in London, she felt every step she took as if she was going to fall, and nothing could keep her up.

From London she went into Berkshire, where she continued the habit, but in smaller quantities, as she could not afford to buy large; about four or five ounces of laudanum a day, sometimes not so much.

Returned to London, and continued taking opium in unequal doses. During this period had, although taking opium, attacks of cold shivering, pain across her loins, and weakness in the back to such an extent, that she was fearful of falling down. In these attacks she has appeared as if she was dying, and they have been followed by diarrhoea, with pain of the bowels. She had also fulness of the head when under the influence of opium, which she did not feel formerly.

At times took again extreme doses, sometimes about half a pint; this would keep her awake all night, but the night did not appear long; she was thinking over previous happy days, as if she was enjoying them again.\* On the following day she was calm, with calm slow breathing, slow beating of the heart; the thoughts not active, but rather passive, with inclination to sigh; at night there was great despondency. During the effects of these excessive doses, she had still the same symptoms on the skin (eruptions at the ankles, &c.) as before, and the same diminution of renal secretion.

About two years since the catamenia ceased suddenly, without her being able to ascribe it to any particular cause; there was no return until after her admission into the hospital.

The circumstances under which she was brought in were, that she had been trying to break through her habit, by restricting herself to small doses, about a grain a day: five grains of "pill. sap. with opium," she said, for she knew all the preparations of opium, and the strength, as to opium, of each, but she considered that she was dragging on a miserable existence. She purposely took an enormous dose, and under the influence of it was brought in. She says, for the last twelve months she has often thought everybody slightly deranged but herself.

There are many points of interest in the case of the opium-taker, which, however, our time will not permit us to dwell upon.

The case of Jane Jones has proceeded favourably, yet the appearance of danger continued somewhat longer than usual. As a general rule, most fatal cases terminate within eight hours from the time of swallowing the poison; few prove fatal

at a later period than twenty-four hours; at the end of forty-eight hours, however, in her case there appeared to be a strong tendency to sleep, which it was not prudent to overlook. The effects of the opium not only continued long, but began somewhat early; there is considerable difference, however, as a general rule between the different periods at which opium acts in different forms, and on different constitutions. The tincture is generally quicker in its effect than crude opium.

Tincture of opium taken on an empty stomach, we generally find, acts in a few minutes, and a dangerous coma may be established in half an hour. Yet there is an example in which, after taking tincture of opium two and a half ounces, and one drachm of the extract, one hour elapsed; another in which two drachms were taken, and there was not any effect until five hours after.

Crude opium appears to vary still more; in one case *Isopor* followed in fifteen minutes after taking two drachms, in another eight ounces (the largest quantity on record as being taken at once) did not begin to show effects until an hour after: these variations (depending upon peculiarity of constitution or of circumstances) suggest the propriety of immediate attention. Opium is not unfrequently used in external applications, both for adults and for children; and while we recollect how peculiarly susceptible children particularly are of the effects of opium, even in minute doses, it may be proper to recollect, that, according to Orfila, effects of opium are not less energetic when applied to wounds, than when administered internally.

According to that author, it is energetic in the greatest degree when injected into the veins—in the next greatest when applied to wounds—and in the third degree, when taken into the stomach.

Several examples may be found recorded by Christison. An adult, for instance, applied, in order to allay the irritation of a blister, an opium poultice, from which he fell into a deep sopor; and a child about two months old nearly lost its life from the application of a cerate containing a few drops of laudanum to an excoriated surface. These are facts which it especially behoves us to recollect, as beacons against similar results.

In Jones we perceived effects which are frequent in persons under the influence of opium. A common effect of the drug is to lessen irritability, and to diminish the secretions; in accordance with this, there was almost suspended action of the kidneys. At the period when the effects of the opium were in great force, it is true, that during the first eighteen or twenty hours, no deficiency was discovered, but she was, during that time, taking constantly very large quantities of diluents medicinally; after this time, forty-eight hours elapsed, in which there was no call; and we find in the female already spoken of, who had been accustomed to large doses, that uniformly while under their influence the secretion was scanty, but that it became abundant when the doses were considerably reduced.

The opinion that it is suppression, and not retention, appears to be strengthened by one part of the narrative of the opium-taker. She states that the difficulty she experienced in passing water was not the difficulty of pain, but the difficulty arising from deficiency. It was unaccompanied by sense of fulness, and when reverting to this phenomenon,

\* Did not during the whole night feel the least disposition to stir even a finger, and says there was no fatigue produced by not moving. She thinks an opium-eater could rest if he was lying on a stone, and that he may go through any quantity of cold or hardship without taking cold.

in other parts of her statement, she says she did not suffer as if from distension.

The state of the skin also in Jones, as to perspiration, was what took place in the former patient.

We perceive in the case of Jones that the catamenia, which had never before varied as to time since their first occurrence, and were expected on the day after the dose was taken, sustained a delay of five days. In this case, indeed, the poison was taken at a time, and under circumstances, (so far as the former regularity was concerned,) peculiarly calculated to test the effect of opium in reference to that secretion. Yet the delay *may* have been the result of other causes, and it would require a succession of examples, equally well marked, to warrant a positive conclusion, the more especially as persons under the *habitual* use of opium do not generally experience interruptions; the uterine functions, in that respect, do not appear to have been influenced in the female who had been an habitual taker from her childhood, that is, from ten years of age upwards. They commenced in her case at the usual time, and proceeded many years quite naturally; the delay of two years, which afterwards took place, could not well be attributed to opium; had that delay been final, the question may have arisen, but at the end of two years the healthy state returned. We may remark in passing, that the climate of Greece does not appear to have influenced her constitution, so as to have occasioned a more early appearance of the secretion, or a greater abundance, to both of which the Greek women are liable. We have in our present patient (in accordance with what is so common as scarcely to require mention) rather persevering constipation; in the other case adverted to, this state alternated with diarrhoea, almost as regularly as she took opium or abstained from it. Even in her earliest opium days she had recourse to common salt, on account of the constipating effects of the opium.

Our patient Jones we found very commonly complaining of headache, and an opinion is very general that opium produces great congestion of the blood-vessels of the brain, and in this belief it has been stated that rupture of a blood-vessel on the brain is the cause of death. There is much reason to doubt whether great congestion of the cerebral vessels is so common as many suppose. There are indubitable instances of extravasation discovered after death, but such instances form the exception, not the rule. Indeed, according to Christison, it is a very rare effect; and if my recollection is not at fault, that author states that he never met with more than one good case. With reference to the state of the brain, moreover, it must not be forgotten that much will depend upon contingencies connected with the cessation of vital actions on this or that organ, independently of any direct influence of the opium on the brain. The mental condition of our patient, after the more overpowering operation of the opium had worn off, was characteristic of its ordinary effects, when taken under similar circumstances. She did not enjoy the agreeable and exhilarating effects which some persons habituated to the use of opium experience, but she passed into a negative state of neither pleasure nor pain; these were her terms, and they are very expressive, of the influence of opium in allaying the sensibility of the nervous system.

Opium has been differently described by different opium-takers, as to its influence on the mental appreciation of time; some awarding to it the power of almost incalculable extension, and others the power of extreme contraction. Our patient thought time long, that it passed very slowly; but we must take into consideration, that her constitution was new to its effects, and that she had been under the influence of a dose not apportioned to any particular degree of effect on the mind or on the feelings.

It occurs to me to mention that, in the treatment of this case, besides having the advantage of an early opportunity of applying the stomach-pump, we had the good fortune not to find the sensibility of the stomach so affected by the opium as to prevent the action of the sulphate of zinc. Vomiting fortunately was very free. The sulphate of zinc was preferred, because tartar emetic is more liable to be uncertain, and to fail in opium cases, (even in large doses, when small doses of the sulphate of zinc succeed,) and because the sulphas cupri, in the event of its not acting as an emetic, may be retained and act as a prejudicial irritant.

## CASES

FROM THE EARLY NOTE-BOOKS OF THE LATE

SIR ASTLEY COOPER, BART.

EXTRACTED WITH PERMISSION OF B. B. COOPER, ESQ. F.R.S.

No. XII.

SYMPTOMS OF WATER IN THE PERICARDIUM.

MR. THOMAS — had water in the pericardium. His breathing was short, and he had a troublesome cough; his pulse was remarkably hard and very irregular; he was unable to lie down in bed, and often woke, starting in the night with a sense of suffocation, in which he called aloud; his countenance was bloated. Anasarca next appeared. The difficulty of breathing increased, and he awoke convulsively and frequently, whenever he attempted to sleep, from the oppression in his breath. His pulse was small, frequent, and intermittent, towards the close of life.

SYMPTOMS OF WATER ON ONE SIDE OF THE CHEST.

Mr. —, a sadler, has a pulse of about the natural frequency, but very irregular; it beats slowly for a few strokes, then rapidly, then slowly again. He has a frequent, strong, and dry cough; he is unable to lie on one side, for if he attempts it, a shortness of breath and most violent cough are immediately brought on; his legs swell, and are cold; his face is bloated; his head perspires constantly.

ABSCESSSES UNDER A THICK CUTICLE.

Abscesses forming under a thick cuticle in the palm of the hands or fingers are very troublesome, if they are not opened at an early period of their formation.

Miss — had a corn in the second toe, which she removed violently; an abscess formed under the cuticle, attended with much pain, and the ab-



sorbents of the foot, leg, and thigh, became inflamed, and felt as cord.

She had much pain up to the hip.

A poultice ordered, and a saturnine ointment to be rubbed over the inflamed absorbents.

#### EFFECTS OF DRINKING SPIRITOUS LIQUORS.

Loss of appetite; indigestion; flatus in the stomach; fainting; yellowness of the skin; œdema of the lower extremities, and consequent ulceration of them; water in the pleuræ and pericardium; disease of the valves of the heart.

#### HÆMATOCELE.

A man, thirty-five years of age, received a blow on the thigh, about two inches below the trochanter major.

In a few days he observed a deep-seated swelling at the part at which the blow had been received. It was unattended with pain, and the skin was not discoloured. This tumor by degrees continued to enlarge, until it extended from the side over the forepart of the thigh.

He was admitted, in the latter part of this year, (1795,) into St. Thomas's Hospital. The swelling had, at the time of his admission, existed eleven months. The thigh was nearly double the size of the other; the skin was still undischoloured, and the power of motion was preserved. He did not complain of pain.

A slight fluctuation was observable, but the tumor was evidently deep-seated.

A puncture was made into the swelling below the trochanter major, and the lancet was pushed in the whole depth of it; only a small quantity of blood, having a venous character, escaped; this afterwards firmly coagulated.

In a few days after the operation, inflammation succeeded, a sanious discharge took place from the puncture, and the whole limb swelled considerably. He now complained of pain; his pulse was at first hard, and afterwards small and frequent; his countenance became pale and dejected; the discharge from the wound was of a chocolate colour and consistence. He gradually became weaker, and about a month after the operation he died.

*Dissection.*—On opening the thigh, about two quarts of matter, fluid and grumous blood, were discharged. It was contained between the muscles and the bone, and extended from the trochanter major to the knee-joint.

The bone was slightly ulcerated on its surface, and coagulable lymph adhered to it, in which there was a quantity of bony deposit. On throwing water by the saphæna vein, it passed to the groin without escaping into the tumor, but upon throwing water into the femoral artery it escaped from a small vessel into the tumor. The orifice of this vessel was near the trochanter major. It is probable, therefore, that when the blow was received this vessel was ruptured, and that a small quantity of blood had continually, though gradually, distilled from it, and thus produced the fatal consequences.

A tumor of this nature may be distinguished from one containing pus, by the absence of inflammation in the skin, by the fluctuation being inconsiderable, and by the tumor from the first being deep-seated.

#### PARAPHYMOSIS.

Mr. —, a patient of Mr. —, a surgeon, had a paraphymosis, which he had tried to reduce, but could not. It was, however, easily reduced by pressure on the glans, so as to squeeze back all the blood from thence. It is very rarely necessary to cut a paraphymosis.

#### SUPPRESSION OF MILK IN BREAST.

Mrs. —, wife of Mr. —, surgeon at Newington, had an enlarged and hardened breast, with much shooting pain into the axilla. It had arisen from a suppression of milk after lying-in. She had leeches and purges, which lessened the tension and pain; then a salt-water poultice applied, which entirely removed the swelling.

#### MORTIFICATION.

Mr. —, a man of seventy years, had a small painful sore upon the great toe. An erysipelatous inflammation of the foot and leg followed, which terminated in a mortification of considerable extent at the ankle. His pulse was quick and full; he was exceedingly drowsy, sometimes slightly delirious, and after remaining drowsy and apparently comatose for a time, when the mortification was complete, he revived. During the process of sphacelation he became in a similar way drowsy, and again revived.

He had strong stimuli administered internally, and also applied externally.

#### PUNCTURE.

Mrs. —, from the prick of a needle, had an abscess form in the theca of the tendon of the thumb, in consequence of which, large sloughs took place, and the bones became diseased.

Immersing the arm in warm water, leeches, and active purgatives, were used with considerable advantage in the inflammatory stage, and when this was passed away, bark, opium, and stimulating diet were administered. An incision was made, after the symptoms of inflammation had gone off, for the extraction of an exfoliating portion of bone, which brought on again all the bad symptoms, and required the same management as before.

Mr. — had the same symptoms from the prick of a fork in the ball of the thumb; this was relieved by warm bathing.

The skin in these cases is very red, hot, and swollen, apparently erysipelatous.

#### FLUID IN OVARIAN DROPSY.

I tapped —, who had an ovarian dropsy. The fluid discharged, which was not more than sufficient to fill a basin, was extremely thick, and would hang together when suspended, being quite tenacious.

# CASE OF PUNCTURE OF THE BLADDER ABOVE THE PUBES.

BY JONATHAN TOOGOOD, ESQ.

SENIOR SURGEON TO THE BRIDGEWATER INFIRMARY.

MR. C. had retention of urine from an enlarged prostate gland, which made the introduction of the catheter frequently necessary; on one occasion no water followed the introduction of the instrument, which was passed without difficulty; repeated trials were made without success; a consultation was held, and although repeated efforts were made to relieve the patient by various instruments, warm baths, and the usual means, a very inconsiderable quantity of urine only could be brought away.

Matters remained in this state for three days, when a gentleman of hospital celebrity was added to the consultation. Having formerly had the care of the patient, he apprehended no difficulty, and passed the instrument with so much ease, that he rather triumphantly desired a vessel to be brought to receive the urine, but on withdrawing the stilette, to his great surprise and mortification, no water flowed. He then determined that there was no water in the bladder, and considered the case to be one of suppression and not retention of urine, and left the patient with the full conviction that he would shortly die. But those who had watched the case from the beginning were of a different opinion, and on careful percussion of the abdomen, the bladder could be traced enormously distended. It was now determined to puncture the bladder, the retention having existed from Thursday night until the following Monday. This was done above the pubes, and a large quantity of highly offensive urine was evacuated with immediate and great relief. Very little hope, however, was entertained of the patient's recovery, for, in addition to his being upwards of seventy years old, he was very corpulent, with a pendulous belly, so that there was every reason to believe that although he might be temporarily relieved, he would sink from infiltration of urine into the surrounding parts and mortification. Shortly after the operation, an elastic catheter was introduced into the bladder through the urethra, and we had the satisfaction of seeing every drop of water pass through it. Our hopes now revived, and we became sanguine of our patient's recovery, and redoubled our efforts to save him. He was most carefully and anxiously watched, the wound was cleansed and brought together with plaster. Nothing could proceed more favourably; all the dangerous symptoms gradually subsided, the wound healed, and he again passed his water naturally, but occasionally it was drawn off. On one of these occasions a stone was distinctly felt, but although many attempts were made at different times to discover it, it could not always be detected. The wound healed firmly, and he recovered his health and spirits so as to enable him to take his usual exercise. He continued in this state for more than a year, when one afternoon he was suddenly attacked with symptoms of peritoneal inflammation, which increased rapidly, and he died in twelve hours.

On opening the cavity of the abdomen, urine

was found effused in considerable quantity from ulceration of the bladder, which appeared to have been occasioned by an angle of a calculus, nine of various sizes being found in the bladder.

The cause of failure in evacuating the contents of the bladder in this case, arose from the shortness of the instruments employed. Baron Hurloup, to whom I related it, at once pointed it out, and said that if a catheter two feet long had been used, the operation would not have been required.

*Bridgewater, Oct. 28, 1841.*

## COMPRESSION OF THE FEMALE WAIST BY STAYS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—On examining the body of a young female a few weeks ago, I was so much struck by the remarkable effects produced both on the bony framework of the body, and on the soft parts within, by the pressure of stays with tight lacing, that I am induced to ask you to give insertion to a few observations on this subject.

The female in question was 23 years of age, of middle stature, and died, it was supposed, of disease in the abdomen. For different reasons, however, it is merely the phenomena which particularly attracted my attention, that I wish to allude to. In this case there was a most satisfactory explanation given by the state of the parts, of the manner in which the female waist may be reduced to half its natural dimensions, for the lower ribs on the left side were driven upwards and inwards, so as to be folded over those of the opposite side, in such a manner, that below the xiphoid cartilage, far from there being any space between the cartilages of the lower ribs, as they mounted towards the sternum, one set was placed in front of the other.

Hence we may easily imagine what effects must have been produced on the yielding organs within. We had only time to observe the following facts:—

*Thorax.*—The diaphragm was driven further upwards than natural, reaching on the right side, where the liver had been pressed under it, to the level of the third rib, on the left to that of the fourth. Remembering this fact, we shall easily understand how comparatively small the space must have been for the play of the heart and lungs.

The right lung was extensively diseased. About an ounce of pale serous fluid was found in the pericardium.

The exterior circumference of the waist was about seventeen inches.

*Abdomen.*—The phenomenon in this cavity which most attracted my attention, was the aspect of the transverse colon; and this, we may easily suppose, cannot have been very natural, for this division of the gut, confined to a space about half the extent of that across which it is naturally stretched, was of necessity folded on itself, in such manner as must have impeded, in no inconsiderable degree, the passage of the fæces along its canal, thus giving rise to constipation of the



bowels, and indigestion, with all their attendant ills.

The abdominal cavity was exceedingly small, not only from approximation of its sides by squeezing the ribs, but also on account of the manner in which the lumbar vertebrae and linea alba were driven towards one another, so that the front of the lumbar portion of the spine could be plainly felt through the anterior abdominal parietes, before the body was opened.

It is not surprising that, in individuals such as this, the pregnant state should be one of great anxiety and suffering, and that oedema, or varicose condition of the veins of the lower extremities, obstinate costiveness, frequent vomiting, or weakness of the loins, should accompany it, or that recovery, after the efforts of parturition, should be lingering and tedious.

I have under my care at present a young lady, not yet 16, where the greatest benefit was immediately experienced by throwing aside the stays, or supports for the chest, as they are called. The spine was already crooked, lateral curvature towards the left side having taken place, which has gradually given way to treatment since the stays were abandoned. The details of this case I intend to give on a future occasion.

I am, gentlemen,

Your obedient servant,

J. NOTTINGHAM,

late House Surgeon to the Liverpool  
Infirmary.

*Liverpool, Oct. 27, 1841.*

## CASE OF PARALYSIS.

By RICHARD CHAMBERS, M.D.

Upton on Severn.

ON the 1st of May, I was requested to visit Mrs. A., æt. 45, of the sanguineo-bilious temperament. She was occasionally subject to bilious attacks, but in other respects enjoyed good health till about six weeks ago, when she was seized with vertigo, as she was about leaving her bed-room in the morning, and would have fallen, had she not caught the bed-post. The seizure lasted about fifteen minutes, and on recovering from it, she noticed a weakness in the right side. In a fortnight afterwards she had another seizure of a severer character. A tonic line of treatment was adopted, but to no advantage. When I saw her, she complained of headache, intolerance of light, a feeling of grittiness in the right eye, numbness of the right side of the face, paralysis of the right arm and leg, a peculiar broiling heat in the epigastrium; pulse 96, hard; tongue covered with a white coating; bowels confined; urine scanty; skin hot and dry; some difficulty in articulation.

To be bled to 25 ounces; calomel and compound extr. of colocynth, of each 4 grains; James's powder, 2 grs. Two pills, to be taken at once.

Infusion of senna, 6 ounces; sulphate of magnesia, sulphate of soda, of each 3 drachms; tincture of senna, half an ounce. Two ounces to be taken every second hour, until the bowels are opened. A cold lotion to the head.

May 2.—Felt more comfortable after the bleeding; heat in stomach less; bowels sparingly acted upon; pulse 96; in other respects the same. From the little influence produced on the pulse, although the patient complained of weakness, I was induced to examine the cardiac region, and I found the heart acting strongly. A strong impulse was communicated to the ear on the left side, as low down as the margin of the seventh rib.

Continue lotion; cupping-glasses to the neck; nitrate of potass 2 scruples; antimonial wine and tincture of digitalis, of each 1 drachm; solution of acetate of ammonia 1 ounce; water 6 ounces. An ounce every four hours.

3. Feels better; complains less of the grittiness in the eye; pulse 88; nausea; bowels confined.

Omit the mixture, repeat the cupping and other remedies.

4. Bowels freely acted upon; feels the head lighter; right side of the face very sensible of cold air; tongue coated; uneasy sensation in epigastrium; pulse 94.

From the difficulty of getting the attendants to apply the cold lotion, I have directed the cold affusion to be substituted, and to be applied as often as the scalp feels hot.

Calomel 1 scruple; James's powder, and powdered rhubarb, of each 15 grains. Divide into 12 pills; take one thrice a day.

Bicarbonate of soda 1 drachm; nitrate of potass 1 scruple; spirit of nitrous æther 2 drachms; almond emulsion 6 ounces. An ounce every fifth hour.

7. General symptoms unaltered; thinks she can feel the cold affusion (to use her own language) cool her stomach; pulse 96.

Continue remedies.

10. Complaints of tenderness of the gums; thirst; grittiness in the eye distressing; pulse 96.

Apply cupping-glasses to the neck; pills to be taken twice a day. Continue other remedies.

14. Mouth very sore; thinks herself better; is not sensible of any alteration in the paralysis; pulse 96.

A blister to the neck; continue remedies.

17. Mouth still sore; general symptoms improved.

One pill only at night.

18. Does not feel so well to day, in consequence of an incautious exposure of her person during the night; feels headache and increased numbness in the face; complains of heat in stomach; pulse 96; bowels regular; tongue coated.

Take 6 ounces of blood from the neck by cupping; continue other remedies.

19. Desires a repetition of the cupping, as it afforded so much relief; has more power in the arm and leg.

A blister to the neck.

22. Visible amendment; all symptoms better; mouth very sore; feels a desire for food; pulse 90; bowels confined.

Omit the pills; continue the soda and potass mixture; to have the senna mixture. One ounce every hour until the bowels are opened. To have beef tea.

24. Is daily gathering strength; feels considerable power in the affected side.

Alkaline solution 40 drops; aromatic spirit of ammonia 1 drachm; infusion of columba 8 ounces; tincture of senna 4 drachms. An ounce thrice a

day. To have a blister to the neck; the cold affusion thrice daily.

It is unnecessary to detail any more particulars; from this period the convalescence of the patient, was progressive, and at the moment this is written she is in excellent health.

The foregoing case presents us with an example of disease of the brain, excited most probably by the hypertrophy of the left ventricle of the heart. The history and symptoms led us to believe that there was an effusion of blood in the first instance, and that its presence excited a degree of inflammatory action. We relied chiefly on blood-letting, mercury, and cold affusion, and the result exceeded our expectations. Had we been guided by the pulse, we would have bled more copiously, but, from the very temporary depression which the venesection produced in it, we were led to examine the state of the heart, and it was then only that we discovered what (to us) appeared to be the fountain of all the mischief.

Another circumstance claiming our attention is the state of the stomach. The peculiar sensation complained of existed some time before she came under our care, and was treated with effervescent salines and prussic acid, but with no amendment. We were at first inclined to think that the patient laboured under severe gastric disease, but the great relief afforded by those measures that were directed to the head affection, disclosed its real nature to be one of sympathy. Some valuable remarks on this subject have been published by Dr. Hastings of Worcester,\* to which I beg to direct the attention of my readers, feeling assured that they will amply repay the trouble of perusal.

With respect to the pulse I may observe, that daily observation proves the little reliance that ought to be placed on it, as an indication of the general state of the system. About four years ago I witnessed a case of pneumonia, in which a practitioner (who was not a stethoscopist) was induced, by the strength of the pulse, to order a repetition of venesection (to  $\mathfrak{Zxxx}$ .) for six days in succession. The patient eventually died of pulmonary apoplexy, and, on a *post-mortem* examination, both ventricles of the heart were found enlarged and hypertrophied. The connexion that exists between rheumatism and disease of the heart may afford us an explanation of the state of the pulse in that disease, and the injurious extent to which depletion has been carried by those who adopt it as their only guide.

November 1, 1841.

## PROVINCIAL

## MEDICAL & SURGICAL JOURNAL.

SATURDAY, NOVEMBER 6, 1841.

THE treatment of persons of unsound mind in lunatic asylums has of late received a considerable share of attention, and much valuable infor-

mation has been elicited, which it may be hoped will tend greatly to the amelioration of the condition of the insane. The abuses perpetrated under the methods of restraint formerly had recourse to, have been exposed, and the advantages of a milder system of management are now pretty generally admitted. The directors of many of these institutions seem willing to relax the severity of the discipline to which the patients committed to their care were subjected, and although not disposed perhaps to go to the full extent with the superintendents of the Hanwell and Lincoln Asylums, they appear to be desirous of giving a trial to measures so strongly recommended, and so much more in accordance with those feelings of benevolence by which we feel assured that they are for the most part actuated.

These considerations apply strictly to the management of those who are fitting persons to be admitted into institutions for the reception of the insane. There is, however, another branch of this subject which requires to be carefully investigated, involving, as it does, considerations of even still higher import. Notwithstanding the checks which from time to time have been placed upon the confinement of persons within the walls of lunatic establishments, and the provisions with which it has been attempted to guard against the abuse of the power necessarily entrusted to the directors, managers, and others, there is reason to fear that too great facilities are yet afforded for depriving alleged lunatics of their liberty. Persons whose state of mind, though certainly not what can be called sound, is yet scarcely such as to require confinement, are too indiscriminately sent to, and too readily immured in, these places. It is to be feared also, that the evident personal interest which the managers and officers of private asylums have in procuring patients, may often lead to abuses, difficult, if not impossible, to avoid, under the present system of admission and supervision.

We believe that most of these institutions are well conducted, and under the control of upright and conscientious individuals; we believe also that few medical practitioners will be found to lend themselves to so atrocious an act as unnecessarily to deprive a fellow-creature of his liberty. Still neither are all members of the medical profession immaculate, nor are the proprietors and conductors of all establishments for the reception of the insane exempt from the operation of interested motives. Persons presumed to be of unsound mind have been taken by such individuals at the instance of their friends without due authority, and when the attendant practitioner has refused to certify, and certificates have been subsequently procured, by which the unfortunate

\* Midland Medical Reporter, No. 13.



patients have been sentenced to imprisonment for an indefinite period, perhaps for life, when the degree of mental aberration was of very trifling importance, amounting, perhaps, to little more than eccentricity. It remains a question yet to be decided, how far every instance of unsoundness of mind is to be thus visited by confinement among strangers, afflicted in various degrees, with the additional aggravation of liability to punishment for every display of irritation not unnaturally manifested under such circumstances.

This, however, is not the worst feature in the present system, by which the admission and treatment of patients in lunatic establishments is regulated. A most extraordinary story was related in the House of Commons a few weeks since, by Mr. Wakley, of a gentleman who, as it was asserted, was placed in a lunatic asylum in Scotland, through the enmity of some part of his family, and detained there, notwithstanding repeated certificates given of his sanity by various medical men by whom he was visited. He at length, as it is stated, contrived to make his escape across the borders, and retained his liberty solely because the magistrates of Carlisle refused to authorise his recapture. It is true that some doubts were thrown upon the correctness of Mr. Wakley's statements, but we have not heard whether the inquiry into the case, promised by the Lord Advocate, has terminated in the substantiation of these doubts, or whether the truth of Mr. Wakley's account has been established. It is, however, of little consequence whether the facts of this individual case are correct or otherwise. The real question is, how far the existing state of the law admits of such transactions taking place. We much fear that while too great facilities are afforded, on the one hand, for the imprisonment of persons alleged to be insane at the instance of their relations, many cases of unquestionable aberration are, on the other hand, too readily committed to confinement in such institutions.

To provide against the former of these evils, further restrictions should be placed in the way of sending persons to lunatic establishments. The certificate of two medical practitioners should not in itself be held sufficient, without the additional warranty of some public and responsible officer, who ought not to be connected either with the individual in the ties of consanguinity, or in any way with the managers of the asylum. To counteract the latter, insanity should be considered more in the light of ordinary disease, and should not be exclusively confided, as for the most part it now is, to an especial order of practitioners.

There is no question but that the management

of the insane must, in all cases, entail an additional expense on the relations or friends; but this circumstance affords no reason for their indiscriminate confinement. In this, as in other forms of disease, the welfare of the patient should be the main consideration. If the case is such as to require closer supervision than can possibly be supplied without the walls of an asylum—if it be necessary for cure that the seclusion of the individual from his family should take place, there cannot be a question that in such cases the removal to a well-regulated institution will be a fit and proper measure. But where the patient shows no disposition to injure himself or others; where his fancies are harmless, his intercourse with his friends not necessarily attended with irritation, where his delusions are not kept up by being associated with surrounding circumstances, there is no reason why he should not be allowed liberty to range the limits of his little world, with such restraints only as shall prevent him from wasting his substance, or injuring his family or himself. This degree of liberty may well be permitted him under the control of a judicious attendant, and the direction of his own medical adviser, while the necessary expense attending it ought to be borne, where practicable, by his relatives and friends, in the same manner as that of a lengthened or incurable illness of any other description, or arising from any other cause.

The establishment of an association of medical officers attached to hospitals for the insane, was noticed in our last number. There is no subject which can better occupy the attention of this association than the one we have here referred to, while, from the known humanity and eminence of those whose names are enrolled among its members, there is the best reason to infer that the inquiry would be entered into with impartiality, and conducted with the sole view of benefiting their suffering fellow-creatures.

WERE the value of the services rendered by collective bodies, or by individuals, to be estimated by the amount of remuneration which is deemed an equivalent, we must assuredly conclude, either that the benefits derived from the exercise of medical skill are almost null, or that the preservation of health and life is a very secondary consideration. It is true that the summons to attend the bed of sickness and pain is often urgent, and the applications for relief importunate; but when the attendance has been given and the relief obtained, whatever of gratitude may have been expressed, the mere announcement of an expected return is sufficient to cancel all.

Persons who will thoughtlessly bestow large sums in fitting themselves, by the indulgence of their appetites, or various other imprudences, for the kind offices of the physician, look with extreme discomposure upon the comparatively trifling sum expended in obviating the effects of their want of due control. While they will at any cost give way to their desire for luxurious and intemperate enjoyments, and, when the hour of retribution comes, seek with impatience to be freed from the consequent attack of gout or dyspepsia, the relief from the suffering and the restoration to health, are considered dearly purchased by the expenditure of a portion of those funds which can no longer administer to their gratification.

When sickness rages and danger is nigh,  
The doctor! the doctor! is the patient's cry;  
But when the danger is o'er, and all things righted,  
The pain is forgotten, and the doctor slighted.

We have lately had occasion to see an estimate of the average incomes of the clergy. We are not desirous of drawing the inference that the members of either of the three learned professions are overpaid, but certainly our legal brethren have greatly the advantage, both of the ministers of religion and the ministers of health. The estimate in question points out, that in the church establishment, notwithstanding the large amount of some few benefices, the average yearly income of the livings does not exceed £308, while nearly one-half of them are under £200. An average income of £308 would, however, be an extraordinary and overwhelming degree of prosperity to the practitioner of the healing art, and so far from the one-half of the members of the medical profession attaining to an income of £200, we believe we should be nearer the mark, were we to say that not one-fourth or one-sixth could exist, were it not that they depend in a great measure upon their own private resources.

We are also informed that the average annual stipend of the curates of England and Wales is £81, which is indeed little enough, but the average annual salary of the medical officers of unions is even less than this, although they are required to pay numerous visits, to traverse extensive districts, and to supply, in addition, at their own proper cost, medicines and leeches, and all requisite appliances.

If the beneficed clergy, therefore, are not more highly remunerated than is sufficient, and the unbeneficed clergy receive an allowance, generally admitted to be of the very lowest rate, what are we to say for the consideration in which the services of the medical profession are held by the community?

It is unnecessary here to go into the evidence, so

often brought forward, of the one-handed dealings of commissioners, assistant-commissioners, guardians, and the whole tribe of parochial authorities, towards the union medical officers. It is sufficiently evident, that however the advantages of religious instruction may be estimated, the health of the community is deemed of little real import. We are ashamed to mention the pitiful number of pence at which relief from human suffering and the preservation of human life are valued; but a reference to the documents published in this Journal will show that even the highest proposed remuneration per case for attendance on the sick poor, together with the necessary supply of medicine, &c., is merely nominal. However desirous, therefore, the sick man may be for relief in his own case, or however highly he may estimate the importance of assuring to himself that relief while in a state of suffering, the restoration to health rapidly removes the false impression, and shows him that neither in his own case, nor in that of others who may depend upon him, is this first of life's blessings worthy to be placed in the scale with the smallest portion of that lucre which in most other ways he heedlessly wastes.

The value of a thing is said to be what it will fetch. If, therefore, the comfort, the health, and even the life of a human being is to be preserved at an average amount, varying from one shilling and a halfpenny to two, three, or four shillings per case, this sum is either the real value of the life, health, or comfort so estimated, or a gross and fraudulent wrong is perpetrated upon the party bound down to, and often forced into, an iniquitous contract to undertake the responsibility of medical attendance and medical treatment.

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## ACADEMY OF SCIENCES.

Paris, October 18.

### TEMPERATURE OF ARTERIAL AND VENOUS BLOOD.

MM. BECQUEREL and Breschet read a memoir on the different temperatures of arterial and venous blood in the heart. The experiments on which the authors found their conclusions were made on dogs; small thermometers, of very great sensibility, were introduced into the auricles, and invariably indicated that the blood contained in the left auricle was somewhat warmer than that in the right; thus in the last experiment made by them, the right auricle gave a temperature of 37°.50; while the heat of the blood in the left auricle was 38°.5; showing a difference of .65 in favour of the latter.

This shows not only that arterial blood is warmer than venous, but leads to the idea that the blood acquires its heat in the lungs.



## SUB-CONJUNCTIVAL OPERATION FOR STRABISMUS.

M. Guérin is in the habit of performing two operations for the cure of strabismus; one by dissection, the other sub-conjunctival. According to the first method, M. Guérin makes an incision through the conjunctiva and the sub-conjunctival fascia, as near their ocular insertion as possible; he then dissects them off until the muscle is exposed, and with the aid of a blunt hook, scissors, &c., divides the muscle at some distance *behind* the first incision; this done, the little flap is replaced, and the point of division of the muscle ceases to correspond with that of the conjunctiva. The second method is the well-known subcutaneous operation of the author. The first process is chiefly applicable to cases in which it may be necessary to divide and separate a large surface of the fascia; to divide the oblique muscles, or any of the recti except the internal. The subcutaneous operation is applicable to recent cases of strabismus, or to those in which the internal rectus is implicated.

In 171 cases of squint, the author performed the first operation 45 times, and the second 126 times; of the latter, 92 were performed before the pupils at the Children's Hospital.

M. Guérin disserts fully on the advantages of his subcutaneous method: in execution it is sure; for in the 92 cases alluded to, he *never once* failed to divide the muscle completely. It does not render the patient more liable to relapse than the ordinary methods; in the 92 cases only six cases of relapse occurred; to prevent the immediate union of the divided muscle, M. Guérin is in the habit of making his patients wear a peculiar kind of spectacle, by which the eye is forced to direct its axis in a line opposite to that in which the divided muscle acted.

## GUY'S HOSPITAL REPORTS.

## No. XIII.

The following is the list of papers in this valuable work, which reflects the highest credit on the medical officers attached to Guy's Hospital:—

1. *Observations on certain diseases originating in early youth, &c.* by George H. Barlow, M.D.
2. *Medico-legal report on poisoning with arsenic,* by A. S. Taylor.
3. *Case of abdominal effusion from mesenteric tumor,* by H. Marshall Hughes, M.D.
4. *On acute aortitis,* by Norman Chevers, M.D.
5. *Cases of malignant disease of the lung,* by H. Marshall Hughes, M.D.
6. *Reports of cases requiring capital operations,* by Bransby B. Cooper, Esq.
7. *On the structure of the blood corpuscle,* by Dr. Rees and Mr. Lane.
8. *Cases of transverse fracture of the patella united by bone,* by T. W. King, Esq.
9. *Case of intestino-vesical fistula,* by Mr. Hingeston.
10. *On chorea,* by B. G. Babington, M.D.

We shall notice some of these papers on a future occasion, being desirous of giving a full analysis of the most important amongst them, that of Mr.

Bransby Cooper, on capital operations performed since Oct. 1, 1840.

These were—

For *Aneurisms*—4 in Guy's Hospital; 1 in private practice:

Of the Subclavian—1, unsuccessful.

Popliteal—3, all successful.

Common Carotid—1, successful, (in private practice.)

*Lithotomy*—5; viz.

In Children—3, all successful.

In Adults—2; one successful; one unsuccessful.

*Excision of Elbow-Joints*—2, both successful.

*Excision of Cartilage from Knee-Joint*—1, still doubtful.

*Amputations*—8; viz.

Of Upper Extremities—5: for disease, 2; 1 successful, 1 unsuccessful; for accident, 3, all successful.

Of Lower Extremities—3: for disease, 1, successful; for accident, 2, both successful.

*Removal of Diseased Breasts*—3, all successful.

*Trephining for Injury*—1, unsuccessful.

*Removal of Tumors*—4; viz.

Steatoma from over Scapula, successful.]

Deltoid, ditto.

Suspicious Tumor from Elbow, ditto.

Steatoma from the Gluteal Region, ditto.

*Fungoid Testicle*, removal of—1, successful.

*Ligature of the femoral artery.*

The cases of aneurysm are ably reported by Messrs. Longmore and Swaine. With respect to the operation of taking up the femoral artery, Mr. Cooper observes—

That the position in which the thigh is placed before the operation is of great importance, in reference to the subsequent passage of the ligature. By the full rotation of the thigh outwards, and by the bending of the leg, all the muscles are relaxed; and by a pillow being placed under the leg, the patient is freed from the apprehension of moving the limb, and thus interfering with the operation. In regard to the direction of the incision necessary to expose the artery, there is no doubt that, as a general rule, the inner edge of the sartorius muscle is the best guide; but frequently in cases, where, from oedema extending over the thigh, this edge cannot be distinguished, a line may be taken from the centre of Poupart's ligament to the inner side of the patella, and the point at which it is intersected by another line, taken from the anterior superior spinous process of the ilium to the tubercle of the inner condyle of the femur, marks the spot at which the ligature should be applied. The artery, in one case, was seen pulsating on its exposure; but Mr. Cooper observes that this is far from being uniformly the case. He has seen even the carotid lie so perfectly quiescent after exposure, that a surgeon has thought, from the total absence of pulsation, that it could not be an artery. The whitish-coloured vessel which is exposed in these operations is only discovered to pulsate by being pressed between the finger and thumb. From the details in Case No. 2, the advantage of passing the needle before it is armed with the ligature, is sufficiently shown.

It is necessary to take great care that the point of the needle be not too sharp; or there will be considerable danger of wounding the vein, whilst the needle is being passed between it and the artery. As to the tightness with which the ligature should be drawn, the surgeon should exercise his discretion, and is best taught by experience. It is frequently stated, that the inner and middle coats of the artery should be felt by the operator to give way under the ligature; but, in a very great majority of cases, Mr. Cooper has not been able to detect anything of the sort. In old persons, where the coats are more likely to be indurated or ossified, a less degree of force will of course be proper. In three cases, the patients were sensible of an injury at the moment at which the aneurysm may be supposed to have originated. This is an unusual circumstance.

In two of these instances, the predisposition to the disease seems to have been produced by carrying heavy weights: in the other, by the action of sawing, the straining attending which may be regarded as having affected the patient in somewhat the same manner as the carrying of heavy burdens.

#### *Excision of the elbow-joint.*

Mr. Cooper performed this operation in two cases of scrofulous affection of the joint, with success. The following is the description given by Mr. Longmore, of Mr. Cooper's method of operating:—

The patient was laid on his abdomen, and the diseased arm was flexed over the back of a chair; an excellent support being thus given to the joint, while it afforded the operator a perfect view and control over it. Mr. Cooper then made an incision from above, downwards, about three inches in length, over the external condyle; and followed it by a corresponding and parallel incision immediately to the inner edge of the olecranon process, connecting the two by a third and transverse cut. Having dissected back the flaps thus formed, and separated the tendon of the triceps from its insertion, Mr. Cooper removed about an inch of the olecranon process by a common saw; an assistant, at the same time, carefully retracting the ulnar nerve. The joint was thus fully exposed to view; and the diseased portions of the humerus and ulna were now removed, chiefly by means of a scalpel.

The observations of Mr. Cooper on excision of the elbow-joint are so practical, that we extract them without abridgment.

Operations of this nature are much more successful in joints which have been, as it were, prepared for them by a long course of diseased action, modifying and diminishing their vitality, than in healthy articulations. A joint, of which the structures and functions have been gradually modified by morbid processes, may be exposed, and partially or wholly removed, with perfect safety; but such an operation will be attended with much more dangerous symptoms where there has been no previous chronic disease.

The operation of excision of the joint is better suited for the upper than the lower limbs; because the actions of the former are more independent of each other; and the latter, moreover, have to support the whole weight of the body, and require

greater strength than is afforded by a new joint. Then, again, the injuries and diseases of the knee-joint are generally much more serious than those of the elbow, and their constitutional effects more alarming. The lower limbs having to act in concert during locomotion, the one supporting the body, whilst the other advances; if any motion remains in the new knee, it becomes less useful than an artificial support. The operation is indicated when it is evident that nature can only effect a cure by ankylosis, and when at the same time it is plain that the constitution is unequal to endure the prolonged and exhausting irritation attendant upon the exfoliation of bone and protracted discharges. Of course, the more the disease has been confined to the structures of the articulation itself, and the less the bone has suffered, the greater will be the probability of a successful result.—I may here remark, that in operating upon the elbow-joint, the inner incision should be carried close to the olecranon process, so as to run no risk of injuring the ulnar nerve, which should be then drawn inwards by a metal retractor. It will not be injured by this step; being protected by the adipose tissue, in which it lies imbedded, and by which, indeed, it is completely hidden. The outer incision should be made sufficiently distant from the olecranon to leave the extent of space required for the removal of the diseased parts; which is much facilitated by flexing the elbow-joint, after the transverse incision has been made. It has been recommended to divide the triceps muscle from the olecranon preliminarily, in order that, after the latter has been removed, it may be re-united with the ulna; but I do not think that such a union can occur, except by means of adventitious matter, which in all cases is deposited, and which is always sufficiently firm and continuous to maintain the function of the muscle, and protect the posterior part of the new joint.

With respect to the results and general bearings of the operation, I think the principal benefit derived from it is, that it lays open and perfectly exposes the affected tissues, and thus facilitates their separation; in order to effect which, Nature would otherwise have to form sinuses and ulcerations. The advantage gained by it is better estimated by the extent of surface exposed, than by the quantity of bone removed; no more of which should be brought away than is evidently affected by disease, which, we shall generally find, is confined to the articulating surfaces.

Great care is requisite as to the angle at which the limb is kept during the progress of ankylosis: for if it is finally left in an awkward position, it is not very uncommon for patients to desire amputation, rather than be burthened with a useless member.

#### ON THE SOLVENTS FOR CALCULOUS CONCRETIONS.

By ALEXANDER URE, M.D.

THE frequent occurrence of stone at every period and in every condition of life, the distressing, nay fatal, consequences with which its presence is fraught, and the pain, danger, and uncertainty of the surgical means employed for its



removal, are considerations which have induced the students of the healing art, from a very early date, to endeavour to find out some appropriate remedy against so formidable a malady. Unacquainted, however, with the real nature of the disease, and destitute of the true lights of science, they produced no satisfactory results. Nor was it till within comparatively recent times, that any authentic benefit can be referred to the administration of what are termed lithontriptic medicines. A considerable incentive to inquiries of this kind may be traced to the circumstance of parliament having voted a pecuniary reward to Mrs. Joanna Stephens for her vaunted specific—an expense, by the way, which might have been well spared to the nation, had our physicians, then consulted by the legislature, known anything of chemistry. We discover, no doubt, in the works of Whytt and others, published about the middle of the last century, a few cases of individuals completely relieved of their sufferings by the crude remedial agents then in use. Still, the method by caustic earths and alkalis never became very general, partly from occasional failures through indiscriminate adoption of the same routine of treatment, partly because the patients who had submitted to the practice, and were afterwards operated upon by the knife, invariably died. More lately, the attention of the profession has been again directed to the subject by the writings of MM. Patissier,\* D'Arcet,† and Charles Petit,‡ in France; whose main object was indeed to prove the efficacy of the mineral waters of Vichy in dissolving urinary concretions.§ The highly favourable statements made by the last named author, one of the physicians at the spring, have, however, been controverted by M. Leroy d'Etiolles, who has attempted to show, from cases which came subsequently into his hands, that under the use of these waters, the symptoms were only masked for a time, while the disease gained ground, and eventually recurred in a more aggravated form than before.

Since stone in the bladder may be justly regarded as the result of disordered secretion, there appears no good reason why it should not be got rid of by suitable resolvent means. This cheering idea has been entertained by three distinguished chemical philosophers, Fourcroy, Vauquelin, and Berzelius; and, assuredly, every true friend to humanity must ardently wish for its being realized. The most frequent variety of vesical concretion is that composed of uric acid. It has been reckoned to constitute nineteen out of twenty,|| if we except one or two districts of country, in which the oxalate of lime, or mulberry calculus, predominates. The following experiments have been undertaken accordingly, for the purpose of ascertaining the action of different solvents upon uric acid, as a first step towards establishing some definite views touching their therapeutic values. The substances tried were, carbonate and bicarbonate of potash, carbonate and bicarbonate of soda, borate of pot-

ash, biborate of soda, borate of ammonia, soluble carbonate of magnesia, smelling carbonate of ammonia, lime-water, and Castile soap.

One salt, namely, borate of potash, introduced into the preceding list, offers certain advantages, to be detailed in the sequel, which would dispose me to give it the preference over most other substances of this class, for any case of the above character requiring the aid of lithontriptics. Its intrinsic merits of course can be determined only by the test of experience.

The uric acid employed was of extreme purity, accurately prepared according to the process recommended by Professor Woehler of Goettingen. (Berzelius, *Traité de Chimie*, tom. vii. page 347.) A certain amount of the solvent was dissolved in a given quantity of distilled water at a uniform temperature, to which the acid was added in minute particles at successive intervals, and the whole freely agitated. This was continued until the liquid ceased to take up any more of the acid, as indicated by a faint haze.

One grain of common crystallized carbonate of soda,\* dissolved in one ounce of distilled water, took up one grain of uric acid.

One grain of common carbonate of potash, dissolved as above, took up 1·4 grains of uric acid.

One grain of borax, dissolved as above, took up 1·2 grains of uric acid.

One grain of crystallized borate of potash, dissolved as above, took up 1·2 grains of uric acid.

The above solutions remained perfectly limpid after standing twenty-four hours.

Two grains of carbonate of soda, dissolved in one ounce of distilled water, took up 1·5 grains of uric acid; a slight flocculent deposit was perceptible after twenty-four hours had elapsed.

Two grains of carbonate of potash, dissolved as above, took up 2·4 grains of uric acid; deposit as in the last.

Two grains of borax, dissolved as above, took up 2 grains of uric acid; deposit less than in preceding.

Two grains of borate of potash, dissolved as above, took 1·4 grains of uric acid; here no appreciable deposit ensued.

Three grains of carbonate of soda, dissolved in one ounce of distilled water, took up 2·3 grains of uric acid; a slight precipitation presently occurred, which persisted during the next day.

Three grains of carbonate of potash, dissolved as above, took up 3·2 grains of uric acid; a flocculent deposit showed itself ere long, which increased considerably in the course of the day. Half an ounce of hot water was added to the liquid, so as to raise its temperature to 100 deg. Fahr., but the deposit still continued.

Three grains of borax, dissolved as above, took up 2·4 grains of uric acid; some deposition eventually appeared, which was not removed by the additional hot water.

Three grains of borate of potash, dissolved as above, took up 2·5 grains of uric acid, the solution remaining perfectly clear, even after the lapse of twenty-four hours. In a repetition of the ex-

\* *Manuel des Eaux Minérales de France*, 8vo., Paris, 1816.

† *Annales de Chimie*, 1826.

‡ *Du Traitement Médical des Calculs Urinaux, et particulièrement de leur dissolution par les Eaux de Vichy, &c.*, 8vo., Paris, 1834.

§ Two remarkable instances of their disintegrant power are cited in an able article published in the October number of the *British and Foreign Medical Review*.

|| *On Urinary Diseases*, by R. Willis, M.D., London, 1838, p. 248.

\* The crystallized carbonate of soda and the common granular carbonate of potash have been selected for these experiments, as representing the state in which they must be present in the urine. The uric acid is well adapted for researches of this kind, on account of its sparing solubility in water. According to Mitscherlich, 10,000 parts of water, at 60 deg., are required to dissolve one of it.

periment, a slight precipitate manifested itself, which rapidly vanished upon the addition of half an ounce of hot water.

Three grains of carbonate of soda, dissolved in half an ounce of distilled water, began to deposit flocculi when 1·7 grains of uric had been added. Upon the following day the flocculence was very copious, and did not disappear after dilution with half an ounce of hot water.

Three grains of borax, dissolved as above, showed signs of decomposition with 1·9 grains of uric acid. The deposit on the next day was very considerable, and scarcely affected by the additional half ounce of hot water.

Three grains of borate of potash, dissolved as above, took up 1·2 grains of uric acid. The solution, after the lapse of twenty-four hours, displayed a slight deposit, which immediately vanished on its being diluted with the same quantity of hot water.

Four grains of carbonate of soda, dissolved in one ounce of distilled water, after taking up 2·5 grains of uric acid, began to exhibit an incipient deposit, which, after some hours' repose, was dense and abundant.

Four grains of carbonate of potash, dissolved as above, after taking up 3·5 grains of uric acid, showed ere long an incipient flocculence, exceeding that from the carbonate of soda.

Four grains of borax, dissolved as above, took up 3·2 grains of uric acid. The solution stood limpid, but several opaline globules, as large as millet seeds, were found adhering to the bottom of the vessel on the following morning.

Four grains of borate of potash, dissolved as above, took up nearly 3 grains of uric acid; a light and scanty deposit had formed during the course of the night.

An additional ounce of hot water was put into each of the above solutions, so as to bring them respectively to a temperature of about 100 deg. Fahr.; that of the borate of potash alone became perfectly and permanently clear.

Four grains of bicarbonate of soda, dissolved in an ounce of distilled water, took up 1·1 grains of uric acid, becoming faintly turbid, and letting fall a trifling deposit.

Four grains of bicarbonate of potash, dissolved as above, acted in the same way. Both remained without further change after twenty-four hours.

Four grains of smelling carbonate of ammonia, dissolved as above, became speedily troubled with half a grain of uric acid, producing abundant flakes of urate of ammonia.

The three last experiments go directly to prove that an excess of carbonic acid abates the solvent power.

Four grains of crystallized borate of ammonia, dissolved as above, took up two grains of uric acid, and passed presently into urate of ammonia.

A solution of four grains of Castile soap, in an ounce of distilled water, became almost directly opaque on the admixture of uric acid, and began to throw down a deposit when a grain and a half had been added.

One ounce of lime-water took up 2·2 grains of uric acid, but commenced very soon to let fall a flocculent precipitate, which ere long became very copious, forming in the course of a couple of hours an incrustation upon the sides of the vessel,

so coherent as to require muriatic acid for its removal.\*

Half an ounce of lime-water, diluted with an equal quantity of distilled water, took up 1·5 grains of uric acid, but prompt decomposition ensued, as in the last experiment. It may be observed here, that Mrs. Stephens's nostrum for stone in the bladder consisted of lime-water, taken along with a solution of soap—truly a most unchemical mixture!

One hundred grain measures of Dinneford's fluid magnesia, diluted with water enough to constitute an ounce by measure, took up one grain of uric acid. The next morning the bottom of the vessel was studded over with numerous white pearly bodies, having a crystalline structure, resembling some varieties of the mineral zeolite, of very sparing solubility in water.

It ought to be noticed that all the above solutions, after having received their maximum of uric acid, betrayed more or less of an alkaline re-action with red litmus paper.

From the preceding investigation may it not be inferred, that the best direct solvents of uric acid, are the preparations of that alkaline base which is most germane to the system, namely, potash, and more especially its carbonate and borate? There is obviously no advantage in a surcharge of carbonic acid, except in so far as it renders the medicine more eligible for internal administration. Woehler could not discover more of this gaseous acid in the urine of a person who had been drinking plentifully of water impregnated with it, than in one who was taking nothing of the kind. Borate of potash has this important feature to recommend it, that any resulting precipitate is immediately re-dissolved by a slight excess of water, which is not the case with respect to the carbonates of potash and soda alone, or the baborate of soda. Hence it would appear, that a very excellent and efficient method of availing ourselves of the conjoint powers of the carbonate and borate, would be furnished by exhibiting the boro-tartrate of potash, the tartrate being converted in its transit through the circulation into carbonate of the same base, while the borate passes through unchanged.†

It is suggested, that probably a good plan for attacking a calculus after it has just made its way into the bladder, would be to give small and oft-repeated doses of the above triple salt, dissolved in a considerable quantity of any aqueous vehicle; and to inject at the same time into the bladder, by means of the double catheter, as modified and improved by M. Leroy d'Etiolles, a weak solution of the borate of potash or soda. I say weak, because it is demonstrated in the foregoing experiments, that no benefit is gained by employing a solution containing more than three grains of the salt to an ounce of water: besides, in working with a menstruum so dilute, no apprehension need be entertained of doing injury to the delicate lining of the bladder.

\* Might not the excessive and prolonged use of lime-water (or strong calcareous spring waters) tend to produce somewhat analogous incrustations upon the mucous coat of the bladder, in individuals labouring under a uric diathesis?

† Professor Liebig mentions, that in the Rhenish provinces, where the inhabitants generally drink light wines containing a considerable amount of tartar, stone is unknown. *Traité de Chimie Organique*, Introduction, p. 92.



Although not prepared to deny the disintegrating power over uric calculi possessed by certain preparations of soda, yet I am inclined to think them open to objection, on account of their liability to decomposition when left in contact with uric acid, and still more on account of the very insoluble nature of the resulting compound, urate of soda.\* Dr. Prout informs me that he has known several instances of persons who voided this salt, in consequence of taking the bicarbonate of soda; and an intelligent pharmaceutical chemist, in the vicinity of London, told me, that after using the above preparation for eighteen months, to relieve acidity of stomach and heartburn, he was seized with inability to retain his urine, accompanied with the discharge of white concrete matter from the bladder, which troublesome symptoms rapidly subsided on discontinuing the medicine. It need scarcely be stated that the same objections must apply to Castile soap.

Lime-water, smelling carbonate of ammonia, and soluble carbonate of magnesia being still more liable to decomposition than the combinations of soda, although the urates of their several bases more readily dissolve, must still be regarded as very doubtful solvents. Perhaps some exception may be allowed touching the first, the favourite lithontriptic portion of the celebrated Horace Walpole; since it is believed to operate in disaggregating calculi in another way, namely, by virtue of its action upon the cementing mucus; lime-water, as is well known, having the property of dissolving that animal secretion. May not the carbonates of potash and soda exercise a kindred agency?

It is my intention to carry out the application of this principle, of which the above is but a preliminary outline, to other rarer forms of urinary calculus, more particularly with regard to the effect of lactic acid upon the Phosphates, and to detail the results on some future occasion.—*Pharmaceutical Transactions*, No. V.

## ANNIVERSARY MEETING

OF THE

## BRITISH MEDICAL ASSOCIATION.

THE fourth annual meeting of this association was held on Thursday, the 21st instant.

Dr. Webster, the president, on taking the chair, having explained at some length the objects of the association, called on Mr. Harrison to read the report, of which we give the following abstract:—

### NEW MEMBERS AND AUXILIARY BRANCHES.

Since the last anniversary meeting fifty-two new members have been admitted, and within the year three new auxiliary associations have been formed, viz. the Cornwall, the South Devonshire, and the West Somerset, pledged to promote the respectability and the reform of the profession in their respective localities.

\* The circumstance of its forming the element of a calculus is recorded by M. Leroy d'Etiolles. *Comptes Rendus*, 1839.

### MEDICAL REFORM.

With respect to medical reform, the council are of opinion that the principles which have been always held by this association, and those which have been lately recognised by the numerous other reform associations in conference assembled, should be laid before the ministers of the crown, and that they be requested to take up medical reform as a government question, upon these principles. At the same time it should be clearly explained, that such principles do involve neither the destruction nor the injury of existing institutions, nor the extinction of the present orders of the profession.

Should the government refuse to undertake this duty, then the profession must introduce a measure during the next session of parliament. As co-operation and unanimity are of vital importance in furthering the cause, it is highly desirable that a permanent joint committee should be formed in London, composed of delegates appointed by the numerous associations which now exist in the three kingdoms, (in short, a general representative medical council,) to take such steps as occasion may require, not only on this but on other important questions connected with the profession.

### QUACKERY AND ILLEGAL PRACTICE.

These questions, though naturally allied, are yet considerably different. Quackery may be practised by either legal or illegal practitioners; while illegal practice is carried on by the unqualified, such as chemists, and other *pretenders* to medical knowledge. The council believe that quackery, in the sale of quack and patent medicines, is much less injurious to the public health, than the illegal practice of chemists and other unqualified practitioners. This state of things we owe almost entirely to the culpable supineness of the College of Physicians and the Apothecaries' Company.

A very simple and efficient mode of dealing with quacks and illegal practitioners might be followed: first, let the government at once withdraw its sanction of a stamp-duty from quack medicines, and forego the trifling revenue derived from such a dishonest source, which only amounts to 31,400*l.* on the average of the last five years; secondly, no reform bill will be perfect which does not prevent any but the legally-qualified and duly licensed practitioner from undertaking the responsible duties of the medical profession; thirdly, let a clause be inserted allowing a common information for illegal practice to be laid before any magistrate, who should have power to summarily fine and imprison, unless the accused can produce proof of being a legally-qualified practitioner.

### VACCINATION QUESTION.

Instead of contracts with a few, the practice of vaccination should be open to *all* legally-qualified practitioners, and not less than 2*s.* 6*d.* should be offered as the minimum remuneration. Unless this be adopted, the Vaccination Act will prove a heavy blow and great discouragement to the practice.

## CERTIFICATES TO LIFE-ASSURANCE OFFICES.

The council and members of the association continue to return unanswered all applications from assurance offices for certificates of health which do not contain a fee. This is now acting very beneficially, by forcing attention to the subject on the offices and on the public, and all the newly-formed offices and several of the old ones are adopting the plan of allowing fees in all cases where medical gentlemen are applied to.

## FINANCES.

Under this head we find nothing but the old cry of *date obolum*, &c.

## GENERAL PROCEEDINGS.

There are many other proceedings of the council which cannot be separately considered. First, delegates were appointed to attend the medical conference. Secondly, petitions have been presented to parliament for medical reform, and for amendment in the poor-law. Thirdly, deputations have waited on Lord John Russell, on the poor-law question; on Messrs. Warburton, Wakley, Hawes, and others, on medical reform; and on all the metropolitan candidates on the same subject during the late election, and many of our country members have followed our example. Fourthly, the council have anxiously cultivated friendly relations with other associations, and have assisted by all means in their power the formation of similar societies in new localities.

The report of council having been adopted, and several corresponding members having been elected,

Mr. E. Crisp moved—

“That this association being desirous of cultivating union with the other medical reform associations in England, Ireland, and Scotland, resolved that they be invited to appoint representatives to act with the council of this association in London, as a permanent joint committee, in taking such steps as may be necessary for promoting any parliamentary measure, and the various questions connected with the dignity and welfare of the profession.”

Seconded by Mr. George Bottomley of Croydon, and carried unanimously.

Dr. Jordan Lynch, in a speech characterised by great vivacity, humour, and eloquence, proposed the fourth resolution:—

“That the principles of this association contained in its outlines of medical reform, and those recognised by the Medical Conference of Great Britain and Ireland, comprising incorporation of the whole profession, representative government, and uniform qualifications and equal privileges, be laid before the ministers of the crown, and that they be requested to bring the subject of medical reform before parliament, on these principles, as a government measure.”

Seconded by Dr. Ifill, and carried unanimously.

Dr. Marshall Hall moved—

“That as many persons, from ignorance or design, speak of the destruction of existing medical institutions, and of the present distinctions of the profession into consulting and general practitioners,

as principles of this association—Resolved that such a statement is a complete and unjustifiable misrepresentation of those principles.”

Mr. Joseph Howell moved—

“That this association will not relax their efforts to obtain an amended system of poor-law medical relief, and improvements in the Vaccination Act, during the ensuing session of parliament.”

Carried unanimously.

The resolution having been put and agreed to,

Professor Grant then delivered the annual Oration on Medical Reform, which was listened to with profound attention by the gentlemen present, who frequently attested their approbation by loud applause.

Dr. Marshall Hall moved, and Dr. Hull seconded—

“That the best thanks of this meeting be given to Professor Grant, M.D., for his luminous and excellent oration on medical reform.”

The motion was instantly carried by loud acclamation, after which a numerous company sat down to an excellent dinner.—*Abridged from the Lancet.*

## REVIEW.

*First Principles of Medicine.* By A. BILLING, M.D., M.A., &c. Fourth Edition. London, Higley. 1841. pp. 303.

DR. BILLING'S work has been now for some time favourably known to the profession, as the fact of its having reached the fourth edition, in the short space of as many years, can sufficiently prove. The original intention of the author was to embody, in as small a compass as possible, the first principles of the science of medicine, divested of all the prolix and tedious details which obtain in almost every work hitherto published on the same subject, and thus to supply students and junior practitioners with a philosophic key to the study of medicine—a desideratum, admitted on all hands to have been long wanted by those for whom the present volume is intended.

If the universal approbation of the critical press—medical, literary, and political—be a test of the excellence of a work, then the volume before us is pre-eminently entitled to that distinction; for, indeed, we rarely meet with a medical volume whose praises have been so reiterated from all quarters, as those which have fallen thick and threefold on Dr. Billing's *First Principles of Medicine*. Prefixed to the present edition we find two pages octavo, of closely printed letter-press, consisting of extracts—favourable of course—from thirteen different publications, of various degrees of respectability, from Dr. Forbes' Review down to Bell's Weekly Messenger. The propriety of this advertising parade is, to say the least, questionable;



for our own parts, we are inclined to think that the publisher of a work by Dr. Billing should not place him in the unenviable position of figuring side by side with all the medical and literary quacks of the day. We regret this the more, as the work, from its own intrinsic merits, does not stand in need of such adventitious aid.

In the original edition, Dr. Billing's volume scarcely contained one hundred pages—being composed evidently in the spirit of the *multum in parvo* principle; in the present it has increased threefold, new subjects being introduced, and the old enlarged upon. The work is by no means too voluminous now, but if it goes on increasing in the same ratio in each succeeding edition as it has done in the former, the charms of conciseness and condensation, which so materially contributed to its early success, will be lost, and the author would do well to bear this in mind when preparing his next edition.

We should also recommend him to divide the work into chapters or sections, notwithstanding his objections on that point; for there must, of necessity, be confusion in the running of one subject into another, throughout a volume like the present, embracing such a variety of important topics, and consisting of upwards of three hundred pages—to say nothing of the difficulty of finding any particular subject which the reader may wish to refer to, without the trouble of going through the entire book for it. The table of reference, which has been appended to the present edition, is meagre, and will not answer as a substitute for a proper division and classification of the different subjects treated by the author. Dr. Billing's volume is, nevertheless, full of merit. It is imbued throughout with a philosophical spirit, which we are pleased to meet with, and which, we would fain believe, is an indication of the advent of a healthier state of things, as far as regards the method of viewing and elucidating those obscure and difficult subjects with which the study of medicine abounds.

## FRACTURE

OF

## THE HEAD OF THE FEMUR, WITHIN THE CAPSULE.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—I observed, in the recently published volume of the Medico-Chirurgical Transactions, an account of a case of fracture of the neck of the thigh-bone, by Mr. Walter Jones of

this city, whose opinion of the precise nature of the injury (that it was entirely within the capsular ligament) has been corroborated by Mr. Stanley of St. Bartholomew's Hospital. Having had an opportunity of examining the bone, through the kindness of Mr. Jones, I was allowed to send it to the late Sir Astley Cooper, who examined it with great interest, and wrote to me his opinion respecting it, on the 23rd of October, 1840, expressing a strong desire to be made acquainted with the mode of treatment that had been adopted after the accident. As Sir Astley's opinion was not exactly in unison with Mr. Stanley's, I take the liberty of transcribing that part of Sir Astley's letter which relates to the subject.

“Your son had the kindness to bring me an oblique fracture of the neck of the thigh-bone in part *within*, and in part *external*, to the Ligament, in part united, and in part not, and the neck of the thigh-bone absorbed.”

Since death has so recently removed from us that “great master of the healing art,” I thought his opinion of a case upon a subject which he had so long made his study, and so much elucidated, might not be altogether uninteresting to those who might hereafter have an opportunity of examining the specimen now preserved in the museum of St. Bartholomew's Hospital.

I remain, gentlemen,

Your very obedient,

JAMES P. SHEPPARD;  
Senior Surgeon to the Worcester  
County Hospital.

Worcester, October 27, 1841.

## MIDWIFERY REPORT.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—Permit me to congratulate you on the appearance, in your columns, of the very valuable and talented report of Mr. Copeman on Midwifery; and especially do I thank that gentleman, inasmuch as his observations on the use of the vectis have been of much advantage to me in a case of face presentation, to which I was called a few days ago.

Trusting that this instance of valuable service which it has been my good fortune to derive from the perusal of Mr. Copeman's report, may operate as an inducement with that gentleman, as well as many others of your subscribers in the possession of ample means, whether arising out of private or public practice, to continue reports of this kind,

I remain, gentlemen,

Your obedient servant,

A RURAL PRACTITIONER.

Oct. 25, 1841.

## SHEFFIELD MEDICAL SOCIETY.

We are glad to learn that a Medical Society for Sheffield and the neighbourhood has been formed;

the object of which is to afford the professional gentlemen an opportunity of meeting together and discussing the various interesting topics which must from day to day be presenting themselves to the consideration of those engaged in the practice of the healing art. It is intended that the discussions should be strictly medical. All such "*questiones vexatæ*," as medical reform, medical education, and medical etiquette, are to be strictly prohibited. The first meeting was held last night, when the subject of "Croup," illustrated by a case which had recently occurred in his own practice, was introduced by Sir A. J. Knight, the president. The communication gave rise to a long, interesting, and animated conversation.—*Sheffield Mercury*, Oct. 23, 1841.

### PHARMACEUTICAL SOCIETY.

THE list of members of this society has just been published. From a hasty glance, we should say that the number of members and associates amounts to nearly five hundred. The object of this society being chiefly to promote the *scientific* advancement of pharmacy, we trust that it will meet with still more extensive encouragement.

### YELLOW FEVER IN THE WEST INDIES.

WE regret to hear that this disease continues to prevail with unabated violence in several of our West India possessions. In the island of Dominica, one-half of the garrison (92nd Highlanders) has been already carried off by the disease, which is almost exclusively confined to the European inhabitants.

### BLLENHEIM STREET DISPENSARY.

ON Saturday last the following medical officers were elected to this dispensary:—Physicians, Dr. Hastings and Dr. Cowen; Surgeons, Mr. T. H. Burgess and Mr. James Blake. We understand that no less than eighteen candidates presented themselves for election.

### GLASGOW UNIVERSITY.

DR. H. RAINY has been appointed to the chair of Medical Jurisprudence in this university. The unsuccessful candidates were, Drs. Hannay, Lawrie, and Clelland, Mr. Macgregor, Mr. Allan Burns of Glasgow, and Dr. Handyside of Edinburgh.

### ST. THOMAS'S HOSPITAL.

MR. BENJAMIN TRAVERS, Jun., has been appointed assistant surgeon to St. Thomas's Hospital.

### PHRENOLOGICAL LECTURES.

WE understand that Mr. Donovan of London, has been solicited to deliver a series of lectures on phrenology at Ipswich, Bury St. Edmunds, Reading, and several other provincial towns. The cultivation of this interesting science will, we trust, have no reason to complain of the manner in which Mr. Donovan handles his subject.

### BOOKS RECEIVED.

An Introduction to Chemistry. By George Sparks. Whitaker and Co., London, 1841. pp. 88.

[A Clear and Interesting Exposition of the First Principles of Chemistry.]

The Literary and Scientific Register for 1842, &c. By J. W. G. Gutch. Suttaby and Co., London.

[This little Pocket-Book contains a great variety of useful information. We can recommend it confidently to the profession, and, indeed, to the public.]

### ROYAL COLLEGE OF SURGEONS IN LONDON.

*List of Gentlemen admitted Members on Friday, October 29, 1841.*—Samuel Pitman, William Farrow Lawrence, Robert Elliott, Thomas Best, William Braybrooke, William Bousfield Page, William Henry Sloggett, James Martin, Joseph Griffith Swayne, William Dean Wathen, Richard Thomas Tasker.

### TO CORRESPONDENTS.

The publisher of the *PROVINCIAL JOURNAL* begs to inform gentlemen desirous of completing their sets, that a new and improved series, containing Sir A. Cooper's papers, &c., commenced with the last volume, April 3, 1841. The back numbers from this period may be obtained through the medium of any bookseller or newsman in town or country.

Letters and communications should be addressed to *Dr. Hennis Green*, 58, Margaret Street, Cavendish Square. Letters connected with the Provincial Association may be addressed to *Dr. Streeten*, Foregate Street, Worcester.

Printed by THOMAS IBOTSON, of 105, St. Martin's Lane, in the Parish of St. Martin in the Fields, and GEORGE JOSHUA PALMER, of 20, Regent Square, in the Parish of St. Pancras, at their Office, No. 3, Savoy-street, Strand, in the Precinct of the Savoy; and published by JOHN WILLIAMS RUMSKY, at his Residence, No. 6, Wellington-street, Strand, in the Precinct of the Savoy.—Friday, November 5, 1841.



# PROVINCIAL MEDICAL & SURGICAL JOURNAL.

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PRICE SIXPENCE.  
[STAMPED EDITION SEVENPENCE.]

## COURSE OF LECTURES ON PHYSIOLOGY AND SURGERY.

By JOHN HUNTER, F.R.S.

(From the Manuscript of Dr. Thomas Shute.)

### LECTURE XIII. ON STOPPING OF BLEEDING.

HÆMORRHAGE is the natural consequence of a division of a vessel. Bleeding has two different effects: one the answering of salutary purposes, such as promoting the union of parts, as in simple fractures, wounds, &c. The other has a destructive tendency, where large vessels are divided, which sometimes happens in simple fractures, also in amputations and aneurysms. Bleeding in such cases proves fatal, if not remedied: these last are here to be spoken of.

Stopping the hæmorrhage consists in shutting the mouth of the bleeding vessel; which, as it generally arises from accident, is sometimes very difficult to do, on account of its being deep-seated. This is the most difficult thing in surgery, when the vessel cannot be clearly seen, because the needle is to be passed at random, and the bleeding increases the embarrassment. Different methods are recommended to stop bleeding; these may be divided into three—stimulant, chemical, and mechanical.

The first of these, perhaps, can only answer with small vessels; large vessels probably have not the power of contracting under any stimulus, sufficiently to resist the impetus of blood. Many things are recommended as styptics—I think that oil of turpentine is the best. I observed the contraction of the vessels in amputating a finger at Lisbon; the vessels gradually contracted and stopped the hæmorrhage; I then cut off the ends of the vessels, when they again bled freely, and gradually contracted again, but were longer in doing so than at first.

Before the application of any styptic, the vessel should be wiped as clean as possible, that it may come in immediate contact with them. At present there is a styptic in London which was brought from France; it is a powder. It has been tried on the stump of an ass; but in this case the tourniquet was kept on for half an hour, and the stump bound up very tight, therefore the trial was not a fair one.

The chemical applications are such as destroy a part, and by that means form an eschar on the bleeding vessels. The actual cautery acts in this manner: as vessels in bones have not the power of contracting so readily as in soft parts, the actual cautery may therefore be used to advantage. It may also be necessary in scirrhus gums and other

diseased parts, for in such the vessels have not so strong a contractile power.

The cautery should not be applied too hot, because then it forms a cinder, which is easily separated, and the hæmorrhage renewed. It should be near a red heat. The iron should be as thick as can be admitted of, because it will retain the heat the better. I think that hot water might be applied to advantage, because it would constrict the vessels and preserve the moisture of the parts. Acids have been applied, and they are found to answer in small vessels.\*

The mechanical means may be divided into two kinds—one, the coagulation of the blood making a pressure on the vessels; this, perhaps, can only succeed in small vessels. It may be increased by art, as by the application of spongy bodies: lint in some degree answers this purpose, also flower, cobweb, and the scraping of hats.

Agaric of oak some years ago was supposed to have extraordinary virtues in stopping hæmorrhage; it was supposed to possess properties peculiar to itself, but no such were found; it was received with great warmth by hospital surgeons, but their trials of it, and relations of its success, were not fairly performed and stated. They used to cause an artificial retardment of the blood's motion for several days, and bind up the stump very tight, which means alone were sufficient to accomplish the end, but the auxiliaries were not mentioned. The agaric cannot be trusted to, because the coagulum may be separated from the vessels some days after. The spongy substances act by increasing the surface for coagulation, by which the blood coagulates quicker.

The second method is by compression; this is the last resource in large vessels, and the only one which ought to be trusted to. It is painful in the application, therefore it is supposed by some to produce spasms, locked jaws, &c. But such symptoms are unjustly attributed to the ligature, for they as frequently occur where no such means have been used. They were supposed to be owing to the tying a nerve, but I have purposely tied the radial nerve with the artery, and it has produced no bad symptoms; I have also experimentally included the nerves in stumps, without this being attended with any particular symptoms. I think the tying a nerve of as little a consequence as any part.

There are two methods of tying the ligature, one with the needle, the other with the tenaculum; the last can only be used in some cases, such as in stumps.

The needle includes more than is necessary. This in some cases is necessary, where the artery is not sound; but where the artery is sound, there, simply including it is sufficient. In old people, where the artery has become ossified or lost its elasticity, it is better to take in a good deal of the

\* Both these last act by coagulating the juices and contracting the vessels.

surrounding parts, which will produce adhesions of a larger surface. The ligature should be tight in proportion to the quantity enclosed, and the ligature thicker, which will prevent its getting slack so soon by ulceration. Where the artery is situated in a muscle, the needle will include the least of the surrounding parts, because the muscle adheres so strongly to the vessel, that in drawing it out, the surrounding portion of muscle will follow in the form of a cone; the ligature, therefore, must be made on the base of this cone, including more than need be done with a needle. When the artery is sound, and situated in the cellular membrane, it may easily be drawn out, and the tenaculum be used with safety, but only in such cases.

#### *On the dressing of wounds.*

Wounds, considered simply as such, come under one class of dressing. The difference must arise from the nature of parts; as some will require ligature, others to be kept open, &c. Dry lint has been the general application. This perhaps was at first used on account of its stopping hæmorrhage, and has since been continued indiscriminately, where on such account it was not at all necessary. It is the very worst application, for by the coagulable lymph it often adheres firmly to the wound, granulations shoot up and unite over the threads, embarrassing the surgeon to remove them. It adheres particularly firm to the tunica vaginalis, and is sometimes removed with great difficulty, after the operation of incision has been performed for the radical cure of hydrocele. By being loaded with blood, in a few hours it becomes extremely hard, and is then one of the most uneasy applications that can be used. The best application is such as keeps soft, moist, and has no continuity of surface: a poultice is therefore the best. They should be large, and hence in some cases they are very inconvenient. They are generally made too thin, which is inconvenient, because they do not retain their figure. They are generally made of stale bread and milk, which does not make a good poultice, because it breaks in several parts. The meal of linseed makes the best poultice, because it preserves its moisture, continuity, and is made without trouble. All that is required in making it, is to stir as much as is found necessary in boiling-hot water. When digestion has begun, then the application may be varied to what may be thought best.

#### LECTURE XIV.

##### INTRODUCTION TO POISONS.

These lectures are chiefly to be confined to animal poisons. The idea of poison is very vague. It is usually applied to such substances as will produce disease, increase it, or alter one disease to another that is worse. There are some substances which when given in health are poisons, yet in disease are medicines, producing health. To this idea quantity must be annexed, for the most innocent food may kill by its quantity, which never can be called a poison. Quantity alone is not sufficient, there must be some specific quality in the substance also to produce disease, without which it does not give the idea of poison. If the specific

quality of a substance does not produce disease, unless it is given in a certain quantity, then it is a medicine and not a poison; for there are many substances which will kill if given beyond a certain quantity, which will produce salutary effects, if given in a less quantity.

To our ideas of poison a concealed action is joined; for instance, if a man kill himself by swallowing a piece of glass, it would not be said he had poisoned himself, because its action would be supposed to be that of tearing or cutting the stomach; but if a man should die from swallowing powdered glass, then he would be said to be poisoned, because the manner of its action would not be understood. Hair, if swallowed when long, will do no hurt, yet if it were cut fine, it would kill; therefore it would be then called poisonous, because its action was not understood. A surfeit produced by drinking cold water when a person is hot, is not said to poison, because it is known that the body must be in that particular state to produce such effect. Eating of mussels will produce a poisonous effect under some unknown circumstances of the constitution; mussels are therefore said sometimes to poison, because such circumstances are not known.

No good definition of poison can perhaps be given. Our ideas of such appear to be annexed to substances whose form and deleterious properties are not understood.

The manner of giving and receiving poisons has caused superstitious notions about them, creating horror in the minds of people, and causing them to suppose themselves poisoned, when they had complaints they did not understand; and also to suppose others poisoned when they died suddenly, although their death was natural. The ancients reckoned all powerful substances poisonous; but afterwards finding that many procured health when given in small quantities, they then changed their opinion, and called them medicines. The matter of the small-pox appears to come under such definition, for the smallest quantity appears capable of producing the disease; but it will produce such effect but once in the same constitution, therefore it does not fall under the definition.

The attacks may be of three kinds, local, constitutional, or compound. Local poisons are those whose actions are confined; as the itch and cancer. Constitutional poisons are such as affect the constitution primarily; as the jail fever. The third, or compound, may be divided into two; such as affect the constitution by its sympathizing with a part, and those which affect the constitution by absorption. Of the first kind are poisoned arrows. Nux vomica, and in some people honey, will produce such effect. Of the second kind of compound is the venereal virus, this first affecting a part, and afterwards the constitution, by absorption.

The small-pox has three modes of attacking the constitution: locally, and then constitutionally, or the constitution primarily, as when it is received in the natural way. The chicken-pox, measles, &c., are capable of contaminating, as in the second and third kind. There is a fourth mode, which is by contact and absorption into the constitution without any local affection. In this manner the plague is received and can be traced into the constitution. Some of these poisons can only be introduced into the constitution

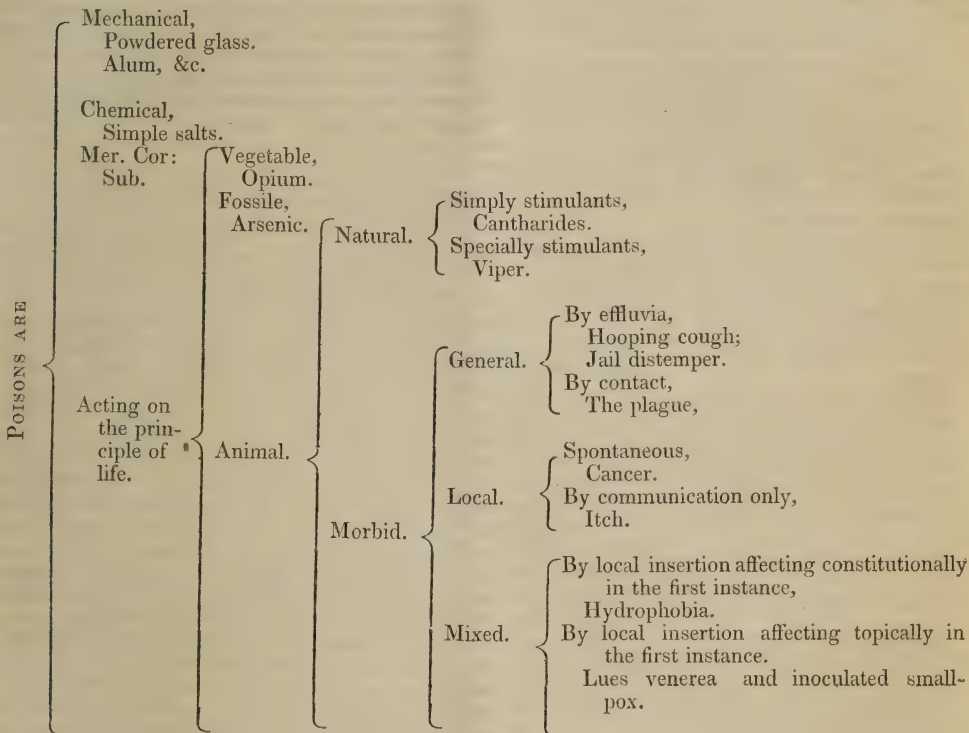


by contact; therefore, if the local affection be removed, the disease will be prevented. Thus, if the part infected by inoculation with variolous matter be removed by caustic, the disease will not take effect. It is the same in a chancre.

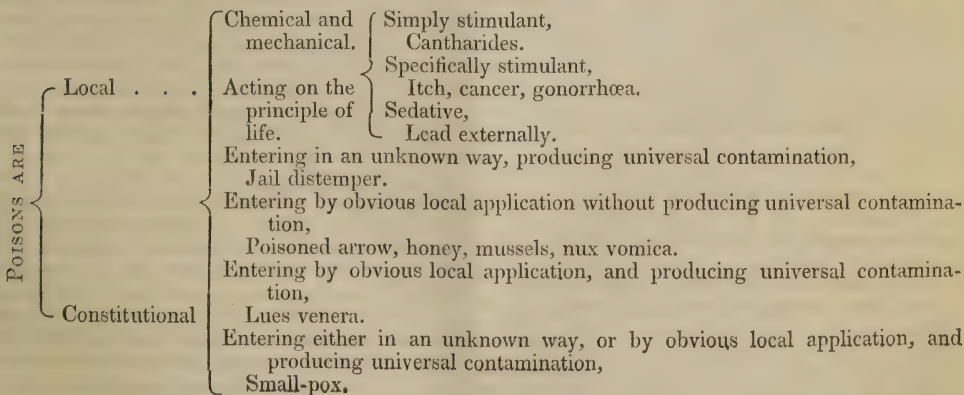
Those poisons which affect the constitution locally first, generally lie some time inactive. There are usually stated times of their producing local effects after they are received, that is, of inflaming and ulcerating the part after the local effects are produced; the constitution is affected nearly at the same time in all. Thus variolous matter generally produces its local effects in two or three ways: the bite of a mad dog in about six weeks.

Poisons are produced from vegetable, mineral, and animal substances. Poisons from mineral substances act mechanically, chemically, and on life, from their universal stimulus. Vegetable poisons act more powerfully than mineral. Animal poisons never act mechanically, sometimes chemically, but most frequently on life. There are many substances which are now called medicinal, that were by the ancients called poisons, they not knowing the quantity which might be given without producing mischief. Nothing shows the variety of combinations of matter more than the variety of different poisons.

The following tables point out the species of poisons already mentioned.



# ANOTHER VIEW OF POISONS.



ON

## THE TREATMENT OF HALLUCINATIONS

BY

## DATURA STRAMONIUM.

By M. J. MOREAU,

Physician to the Asylum for the Aged at Tours.

BEFORE entering on the treatment of hallucinations with *datura stramonium*, M. Moreau lays down certain distinctions which exist between the different forms of hallucination.

1. The hallucination may be simple, i.e. not complicated with any other disorder of the intellectual faculties; the patients are conscious of the delusion under which they labour. This species is frequently met with in lunatic asylums.

2. They are complicated with various disorders of the intellect, especially with forms of monomania; the hallucinations precede these latter, which they excite and keep up.

3. In other cases, they appear to be a consequence, not an exciting cause, of the mental derangement, and then are merely one of the symptoms of madness.

In the two first forms we may hope to obtain a cure; but in the last it is very doubtful if we can effect one; for, although the hallucinations may be removed, the mental derangement continues, and sooner or later causes them to reappear; this is still more certain when they are connected with *dementia*.

M. Moreau has treated eleven cases of hallucination with the *datura*; in eight cases the disorder was primary; these were all cured; in three it was secondary, or complicated with *dementia*; here the treatment failed. The cases related by M. Moreau are divided into three series, according to the quantity of *datura* administered. In the first three the dose was moderate, but gradually augmented. The following are examples:—

CASE I.—Emanuel P—, 31 years of age, is of morose disposition, and excessively timid; none of his family have been deranged; he attributes his present malady to grief. Two months back he was seized with insomnia, palpitations and pains in the head, which seemed to arise as if from blows; the least thing excited terror in him; in a few days afterwards, hallucinations of vision, hearing, and general sensibility, supervened. During the night, and often during the day, he fancies that he hears unknown voices upbraiding him; on one occasion a voice called loudly in his ear, “I am your father, whom you killed with grief; don’t you recognize me?” at the moment he thought he saw the ghost of his father, who died a few years back, standing close to the bed. When received into hospital on the 3rd of December, 1840, he continued to labour under the same delusions. He was immediately ordered to take the extract of *datura*, twenty grains, night and morning. During the first two or three days he complained of some giddiness and disturbance of the sight; his sleep was disturbed by dreams, such as he never before remembered to have had. The occurrence of the latter frightened the patient extremely; he dreaded to lose his intellect altogether, and was persuaded with great difficulty to continue the medicine. Gradually his sleep be-

came more calm; the dreams and hallucinations disappeared; the patient was more cheerful, and betook himself actively to the labours of the farm; still, however, he remained apathetic, and this perversion of the moral faculties did not disappear until March 1841, when he was completely restored to a sense of his situation, and begged earnestly to be discharged; finally, he was dismissed well on the 19th of May, 1841.

## REMARKS.

The patient whose case has been just described, was under the care of M. Moreau, from the time of his admission into Bicêtre to his discharge from the farm at St. Anne. His general health never suffered in the slightest degree, and it was only on questioning him closely that he acknowledged the hallucinations under which he laboured. The duration of the complaint, and the threatening of insanity, were circumstances of a very unfavourable nature, yet the patient was restored to his natural state after a month’s treatment.

CASE II.—Louis R., labourer, had suffered, in the year 1839, under certain symptoms of mental disorder; violent grief had driven him to the use of spirituous liquors. One night, while sleeping in the same room with several other fellow-workmen, he thought that he heard numerous voices issuing from different parts of the chamber; the voices accused him of different crimes, and told him that his right hand would be cut off; the man, alarmed, sat up in his bed, and was astonished to see all his comrades sleeping quietly around him. He lay down again, and immediately noticed a strong ringing in the ears, and heard the voice more distinctly. On awakening his comrades, and finding that they had noticed nothing extraordinary, he thought, to use his own expression, that he must be completely “cracked.”

During five months he was tormented with the same voices, but continued his ordinary occupations, and the former gradually ceased.

In the month of December, 1840, he was again attacked in a similar manner, although he had given up drinking for a length of time; he now committed so many acts of extravagance that he was sent by the police authorities to Bicêtre; when removed thence to St. Anne, the hallucinations continued with the same force and frequency.

On the 27th January he took a mixture, containing five grains of the extract of *stramonium*; he felt some uneasiness about the throat after taking it, with general shivering: he slept soundly, however, and heard no noise during the night.

28. Complaints of singing in the ears; heard the voice in the evening when about to sleep; was troubled with dreams.

29. This morning he came and said that he was better, but would fall back into his old state unless he had another mixture. His request was granted; the medicine produced the same effects as before, singing in the ears, and suspension of the hallucinations.

February 2. During the last three days the patient has been free from hallucinations; last night, however, he was again attacked; ordered six grains of the extract.

3. From this period the patient has remained completely free from all mental delusion; he was



discharged from hospital on the 26th of March. More than a year afterwards M. Moreau met him, and was assured that he continued to enjoy perfect health.

**CASE III.**—A young patient, shortly after his admission into hospital, handed to M. Moreau a letter, the following extract from which sufficiently explains the nature of his delusions. "Give me my liberty at once, that I may pursue my object, and destroy all the kings of this earth. My earnest desire is to regenerate the human race, and I am destined to die at the head of a powerful republic. From the age of eight years upwards I have always resolved, like Romulus, to build a city in my native forest of Lorraine. For the last twenty years, heavenly voices announce to me the most curious particulars concerning the kings of the earth and my change at nurse."

This patient had been formerly an inmate of the hospital, but the symptoms of insanity were not very strongly marked, and the medical men were divided in their opinions on his case; at present he is in a constant state of excitement; the whole day he is occupied in corresponding with the king, Prince Metternich, and the Pope; when he is sent to work on the farm, he is constantly looking up at the clouds, where he fancies that he sees miraculous symbols, legions of armed men, &c.

This patient remained at Bicêtre during a month without receiving any benefit; ten days after his removal to the farm, M. Moreau gave him two grains of stramonium daily: at first he complained of constriction about the throat, and weight on the head; there was some somnolence; he slept more tranquilly, and was less excited, but the delusions continued unabated. Towards the end of January, (the patient had now been seventeen days under treatment,) the delusions returned under a new form, but again gradually disappeared, and the mental excitement was completely removed. The patient continued the use of stramonium in the doses already indicated, when an accident changed the face of affairs altogether. Being convinced himself, from his improved condition, that he required no more medicine, M. M., instead of taking his pills night and morning, suspended their use, without acquainting the physician, and then swallowed five (ten grains) together. Two hours afterwards he was seized with nausea, vomiting, pricking in the eyes, constriction at the throat, and a dreadful sense of weight in the head; vision was disturbed, and there was a violent ringing in the ears; he experienced alternately a feeling of great heat and cold in the limbs, which were affected with trembling. These symptoms of poisoning continued for some time, and when they began to subside, the patient had a succession of the most extravagant ideas; towards evening, however, nothing remained but a sense of weakness in the lower extremities. On the following morning he was found perfectly quiet, and free from delusion. "I had doubted hitherto," said he, "the power of medicine, but, after what I have just felt, I shall never doubt again."

From this period the state of the patient's mind continued most satisfactory, and for the last three months he has been perfectly well.

In another case, the symptoms of mental derangement occurred in a person subject to epi-

lepsy, and were evidently excited by the fits of that disease. Here, also, the patient accidentally swallowed a strong dose (twelve grains) of stramonium, exhibited for several hours symptoms of poisoning, and was completely free from delusion on the following morning. A month afterwards the premonitory signs of epilepsy manifested themselves, and the patient became insane; he was given one grain of the extract of stramonium every half hour; after the ninth dose symptoms of poisoning appeared; the patient lay in a state of deep stupor for an hour and a half. Here, also, as soon as the poisonous effects of the drug disappeared, the patient was restored to reason, and has not suffered a relapse for three months.

It is unnecessary to transcribe the other cases related in this interesting memoir; we shall therefore conclude with the closing remarks of the author.

The principal facts deducible from the preceding observations are as follows:—

1. Of ten persons labouring under mental delusions, and presenting several unfavourable circumstances, seven were completely cured, one much relieved, and two resisted the action of stramonium.

2. In the first eight cases the delusions had preceded the other symptoms of insanity, but in the latter two, the reverse was the case.

3. The duration of the disease had been two, three, six, and nine months; two years in one case; two patients had accesses which lasted for several months.

4. In the different cases a cure was obtained in four, seven, and thirty days, with moderate doses; in five, eight, and fifteen days, with large doses; and in twenty-four hours with poisonous doses.

5. The period of convalescence had extended, at the time of writing the memoir, to two, three, and four months.

Before concluding, we may ask what effects we may expect from the use of stramonium in cases of hallucination connected with chronic mania or chronic monomania?

The author does not possess facts to enable him to answer this question. Cases of chronic mania and monomania, uncomplicated with dementia, are excessively rare; in the chronic wards at Bicêtre, where one hundred patients are confined, there is only one, with regard to the state of whose moral faculties some doubt remains.

Theoretically speaking, the success seems probable; the cures already obtained with stramonium in acute cases appear to justify the hope that it may exercise a beneficial effect on cases where the delusions were primary, and constitute the chief element of the mental disorder.—*Gazette Médicale*, No. 43.

## ABSORPTION OF PUS IN SMALL-POX.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—A re-perusal of Dr. Symonds' comprehensive and interesting retrospective address of July 1839, particularly that part of it detailing the researches of Dr. Mandl, Mr. Gulliver, and Dr. Davy, relative to the existence of pus

globules in the blood, has recalled to my remembrance some cases of small-pox bearing on this subject.

If we are to depend on the statement of Mr. Gulliver, the question of whether pus is ever absorbed and carried into the circulation, is determined in the affirmative; for he states that "in almost every instance in which there was either extensive swelling without a visible deposition of pus in any of the textures of the body, he has repeatedly detected pus globules in the blood," and we cannot therefore be surprised that he regards "the contamination of the blood by pus, as the proximate cause of the sympathetic inflammatory, sympathetic typhoid, and hectic fevers." Dr. Davy goes still further, for, in every case where during life there were purulent discharges or collections, he states that he detected globules like pus globules in the blood. But it would be unfair to dismiss from our consideration the explanation of these appearances resulting from the researches of Dr. Mandl, that the supposed pus globules are nothing more than the white fibrinous globules of blood held in solution by the serum, which in suppuration escapes from the capillaries by exosmosis, and when out of the vessels, coagulates, and resolves itself into its elementary globules; and, certainly, the strongest doubts as to the absorption of pus have been entertained by practical men. I remember Sir B. C. Brodie stating some years ago, in the wards of St. George's Hospital, that in one case he thought he had seen an abscess absorbed, but of this he was not certain.

But whilst microscopic investigations give us such conflicting testimonies, we are tempted to turn to pathology with the hope of deriving from it information on a subject which possesses really more than a theoretical interest; and though we may not be so humoral, (I had nearly said so humorous,) as to affirm with Cullen, that "it is evident that the contagion of small-pox is a ferment with respect to the human fluids, and assimilates a great part of them to its own nature," and that the quantity thus assimilated "passes again out of the body partly by insensible perspiration, and partly by being deposited in the pustules;"—yet those who have carefully watched cases of small-pox during life, and examined them after death, will, I think, bear me out in saying that there are circumstances in them tending to produce a strong conviction that their symptoms are at times dependent on, at least closely connected with, the absorption of the morbid matter from the pustules, and consequently the entrance into, and vitiation of the general circulation.

Nothing is more painfully striking than the rapidity with which patients occasionally go off in this disease. To use the words of Dr. Elliotson, when describing variola confluens, "Now and then, patients labouring under this form of the disease die rather suddenly—they suddenly sink." The last sentence is equally true and expressive, nor have I yet forgotten the feeling nearly of self-reproach, which I experienced when my first case of this sudden description occurred, lest I should have overlooked some important premonitory features in it. But subsequent observation has taught me that this sudden sinking may take place with few and slight, perhaps without any, premonitory symptoms, and has led me to believe that its

cause may be the absorption of the morbid matter contained in the pustules.

I attended a young man, æt. 23, in small-pox, who died on the 13th day of the eruption. He was under my care for the last eleven days. At first the eruption, in some degree confluent, was fine, and the pustules well filled. There was pyrexia, and he needed active opening medicine; but when the bowels were freely opened, dilute sulphuric acid and sulphate of magnesia were sufficient to keep under the pyrexia. About the 10th day of eruption, the symptoms changed, assuming a typhoid type. As he got worse, there was delirium of a low character, with restlessness, a quick weak pulse, and dark loaded tongue. The eruption did not scab, but the raised cuticle became loose, as if the contents of the pustules had been partially absorbed; in some places it was rubbed off, leaving large raw places. The treatment latterly was ammonia, opium, bark, wine, &c. &c., and a blister to the nucha, but he sank, as before stated, on the 13th day of eruption. The *post-mortem* appearances were a dark red state of the mucous surface of the larynx, trachea, and large bronchi; about three ounces of straw-coloured fluid in the pericardial cavity; the right side of the heart flaccid and empty, but the left looking tense, and containing dark black blood, with which also the coronary arteries were injected; both large and small intestines distended with flatus, and both their serous and mucous surfaces of a dark red colour. The structure and surfaces of both kidneys were healthy and uninfamed, but in the pelvis of the left were about two drachms of purulent fluid, and about three drachms of the same in the bladder, which was much contracted, but healthy. I examined the head; the venous sinuses rather full, and perhaps the brain rather softer than usual; it was twenty hours after death; the softness was not well marked; the muscular fibre of the body very dark, and it seemed that putrefaction would soon commence.

Here then we have a case in which a change takes place from fever of an active character to typhus, the eruption not running the course which observation shows it to do in general, but having a longer duration, and the pustules not scabbing, but becoming flaccid by absorption, and this change being coincident with the change of the symptoms. The train of symptoms set up closely resembles that attending secondary abscesses, and after death pus is found in an organ presenting no appearances in its structure to account for its existence there.

I attended a child, æt. six months, in small-pox. I first saw her on the 2nd day of the eruption; it came out thickly, and in some parts was confluent, but without bad symptoms. On the 10th day of the eruption, some of the pustules were turning, but the child appeared to be doing very well, and was considered so by her parents. On the 11th day of the eruption, I was called to her in the morning, and found her in the greatest danger, breathing quickly, loudly, and puffing the lips; the feet cold and blue; she was pulseless. I was particularly struck with the appearance of the eruption; the pustules were flaccid; not dried, but nearly emptied of their contents, and looking whitish, not yellow. This was particularly the case on the legs. By the stethoscope, the res-



piratory murmur was very audible over the chest; no rhonchus. The child was not insensible, but seemed dying from exhaustion; all means were ineffectual, and she died in about half an hour after my arrival. In answer to my inquiries, the mother informed me that she first perceived an alteration for the worse in the night; the child was unable to take the breast, not insensible nor unwilling, but apparently unable from weakness; about 7 A.M. she first perceived the breath to become hurried, but she was not alive to the danger till shortly before she sent for me, when she found the feet cold. She then observed the alteration in the appearance of the eruption, and her friend, in answer to my question, said, she was sure it had not this flaccid appearance the day before.

*Post-mortem Examination, forty-eight hours after death.*

The pustules were very flaccid and empty; the child generally fat; some serum effused beneath the dura mater and in the ventricles of the brain, the vessels of which were congested, but not to any great degree. Dark fluid blood with clots and polypus on the right side of the heart, the left side empty; some slight emphysema of the left lung, but the structure and tubes otherwise healthy, neither congested nor loaded with mucus; no effusion of serum in the cavity of the pleura, the large intestines distended with flatus, the small contracted; the different viscera healthy. On dividing the right kidney, about a drachm of purulent fluid escaped from the pelvis; this was not the case in the left; neither kidney had any appearance of disorganization or inflammation; the bladder contained about one ounce of urine, having a purulent appearance, and the peculiar odour attending a patient in small-pox. I examined the aorta, the venæ iliaæ, externa and interna, and the vena cava, but could find no appearance of disease nor any pus on their inner coats; they were very empty; there was no pus in the coagula or polypus of the heart.

In this case, the only bad symptom was the tardiness with which the pustules turned; with this exception, there did not appear anything to warrant apprehension, but rather the contrary. It is to be observed, that in this case the flaccid state of the pustules took place about the same date in the disease as in the first case, i. e. about the 10th day of the eruption. In the first case there followed a train of typhoid symptoms, against which nature struggles for a few days, but without success; in the second case, rapid and extreme exhaustion, and the patient suddenly sinks. The rapid transition from one state to another, so observable in the diseases of childhood, perhaps the high power of absorption connected with early life, causing in this instance the morbid matter to be rapidly and consequently more destructively thrown back on the system, will, I think, explain this difference between the symptoms of the two cases.

The last case I have to mention is that of a girl æt. 4 years, whom I first saw on the 5th day of the eruption of small-pox. There was moderate pyrexia with slight chest affection; the pustules were tolerably filled, and but slightly confluent. The treatment was gently aperient, refrigerant and expectorant. Till the 8th day of the eruption there was no marked change in the symptoms; their general tendency was rather towards depression than excite-

ment, but not so much so as to make me think stimulants allowable. Now, however, a decided change for the worse took place; she became restless, the pulse weak and quick; there was rather a want of animal heat; diarrhœa, the evacuations being pale and watery; tongue moist; some dyspnœa, but it seemed to arise more from debility than obstruction; slight rhonchus mucosus, but the respiratory murmur feeble; the pustules showed no disposition, but became flaccid and whitish. She had bark, ammonia, catechu, opium, wine, &c., but no improvement took place, and she died on the following morning, that is, on the 9th day of the eruption. I regretted that I could not prevail on the parents to allow a post-mortem examination, for there was similarity enough between the symptoms of this and the last-mentioned case to induce me to expect I should have found the same appearances.

What shall we say, then, was the cause of death in these cases? In neither of these was there such a confluent and severe state of the disease as to have warranted apprehension from the first that the patient's strength would be unable to bear up against it, nor was there that bad state of the general health which might have justified the same apprehension; still, when scabbing ought to have taken place, the vital powers became rapidly depressed, and at the same time the pustules were emptied of their contents by absorption, for that absorption of pus did take place, I cannot doubt; the cuticle had not allowed the contents to escape by rupture, for it was perfect, nor had the surface of the body that appearance which the oozing of pus from numerous pustules would of course give it, and the existence of pus in two cases in a healthy kidney and bladder, seems only to be explicable by absorption. Is it not, then, fair to suppose that the circulation, loaded with the contents of the pustules, which absorption had introduced into its current, was incapable of affording that stimulus and support to the different vital functions, without which death sooner or later must supervene? But whether this explanation be allowed or not, one point of practice at least has been strongly impressed on my mind by these cases, viz. the necessity of paying close attention to the appearance of the eruption, (a point I do not think sufficiently insisted on by authors,) and of forming a most unfavourable prognosis when such a change as that I have mentioned occurs.

I am, gentlemen,

Your obedient servant,

JOHN BARRETT.

17, Westgate Buildings, Bath, 8th Nov. 1841.

## RECOVERY

FROM

## TAKING A LARGE QUANTITY OF TINCTURE OF OPIUM.

BY JONATHAN TOOGOOD, ESQ.

SENIOR SURGEON TO THE BRIDGEWATER INFIRMARY.

THE wife of a seafaring man obtained possession of a medicine chest, which had been just fitted up for him to take to sea, and drank from a bottle ten drachms of laudanum, for the purpose

of self-destruction, at five o'clock in the afternoon. It was not discovered until past eleven at night, when she was found in a state of complete stupor, with slow stertorous breathing, hands and feet quite cold, and a feeble irregular pulse. All the muscles were in a state of extreme relaxation. She was removed immediately from her bed, and the stomach-pump used, by which means a large quantity of fluid, smelling strongly of laudanum, was brought from the stomach, which was repeatedly and thoroughly washed out. The bowels were then completely evacuated by large injections of warm water, and vomiting kept up by sulphate of copper. Notwithstanding these means were promptly and energetically applied, the insensibility increased, the limbs became more lifeless, the pupils were widely dilated, the eyes were closed, the countenance assumed a livid appearance, and she was dragged about the room more like a corpse than a living person. She could, however, be roused for a moment by a sudden loud call in her ear, by dashing a wet towel in the face, and by a smart slap on the back, but instantly closed her eyes again, and relapsed into the same torpid state. The usual means of recovery were most assiduously employed during the whole night, and until the next afternoon, before she spoke. She was dragged about the room by two strong men for seventeen hours before she sufficiently roused to make her recovery certain, and even when she was allowed to rest, she slept soundly for many hours. She did not entirely get the better of its effects for a week.

This case shows that no lapse of time or quantity of the poison should deter one from the diligent and unremitting use and repetition of remedies. Cases have occurred in which much larger quantities of opium have been swallowed, but I have never seen or read of one in which the effects were more alarming, or continued for so long a time, with so doubtful a prospect of recovery. A case is recorded where six ounces were taken, and the patient recovered, notwithstanding a delay of some hours took place before any remedies were employed.

But a very small dose will sometimes produce fatal consequences. I remember an instance in which twelve drops of Battley's sedative were given at bed-time, and the patient never awoke afterwards. She was a feeble woman, about fifty-five, and had been suffering from a cold and cough for some days. She took the draught at nine o'clock, and an hour or two afterwards a glass of almond emulsion, with a small quantity of compound tincture of camphor. At noon the next day she was found in a profound sleep, from which she could not be roused, perspiring profusely, and with a ghastly countenance. She died at two o'clock P.M. It was ascertained most clearly that no mistake had happened in preparing the medicine. The stomach was cautiously removed, and its contents analysed with the greatest care and accuracy by a celebrated chemist, in the habit of conducting such examinations, perfectly unacquainted with the history of the case, but nothing of a deleterious nature could be detected. The suspected cause of death was then explained, when a second examination was made, but no trace of opium could be discovered. Two berries were found in the stomach, the nature of which was not known.

Another case occurred in my practice in a lady

of eighty, who had been suffering from cough, for the relief of which she had for some time been taking at night small doses of poppy syrup, and occasionally a little compound tincture of camphor, but not having either of these medicines by her, her servant gave her a draught containing seven drops of the solution of acetate of morphia, which a relation in the same house, who was in a consumption, was in the habit of taking. I was summoned to her the next morning, and found her in a deep sleep, from which she could not be roused, and covered with a profuse clammy perspiration, and she died in a few hours.

It is probable that these fatal consequences may have resulted from some peculiar idiosyncrasy in the constitution, but I am not aware of any mode of discovering it beforehand,

*Bridgewater, Nov. 1841.*

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## PROVINCIAL MEDICAL & SURGICAL JOURNAL.

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SATURDAY, NOVEMBER 13, 1841.

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A SERIES of papers was published some years back by Dr. Walker of Huddersfield, giving an account of the provincial hospitals and infirmaries, and making known several interesting particulars concerning their internal regulations and general management. These papers, which will be found in the first and second volumes of the Midland Reporter, were followed by Statistical Observations on the Medical Charities of England and Ireland, communicated to the Provincial Association, and published in the fourth volume of the Provincial Medical Transactions. In the last-mentioned essay, a table is given of the numbers of in-patients and out-patients received into twenty-one county hospitals, from which we learn that in these institutions, containing 2,670 beds, 20,653 in-patients and 57,581 out-patients were under treatment in the course of one year. From a statistical report, drawn up by the Rev. Mr. Oxenden, which is founded upon returns from twenty-seven county hospitals, it appears that the aggregate number of beds in these institutions amounts to 2,917, the number of out-patients in one year to 58,159, the number of medical officers to 165, giving to each medical officer the care of seventeen beds and 352 out-patients during the year. Several questions of interest arise out of these data: 1st, allowing the beds to be generally occupied, and the average duration of the out-cases to be about 30 days, we shall have on the average 17 in-patients and 29 out-patients, 46 in all under treatment at the same time by each medical officer



throughout the year. It must, however, be observed that the variations, to which the actual number of cases is subject, arising from the prevalence of epidemics, sickness of season, inclemency of the weather, and other causes, are very considerable; and although the operation of these causes cannot increase the number of in-patients, it materially tends to produce irregularity in the distribution of the out-patients. It will be found, therefore, that while in favourable seasons and the more healthy periods of the year the out-patients are considerably below the average number, they are greatly increased, sometimes to three or four times the amount, under circumstances less favourable to the health of the surrounding population.

It must be remarked also that this increase in the number of the hospital patients always takes place precisely at the period when the time of the medical officers is most fully occupied with the calls of private practice. The additional burden thus thrown upon them at these periods is often such as no industry, however unwearied, no intuitive quickness of perception, or rapidity of thought or action, can enable them to contend with. The necessary result of this accumulation of professional occupation at special seasons of the year, is the neglect or imperfect performance of a portion of it, usually of that which is the least profitable in a pecuniary point of view.

The medical officers of the county hospitals, notwithstanding the flagrant partiality with which the elections are often conducted, are yet, generally speaking, of high professional standing. Many of them are in possession of the confidence of the public, and extensively employed in private practice. This, however, only aggravates the evil to which we have referred, and renders it next to impossible but that the responsible duties of these official appointments shall, during sickly seasons, be hurriedly and inefficiently discharged.

From nearly half of the county hospitals, Mr. Oxenden was unable to obtain any return. Assuming that a proportionate number of cases of disease was treated in these, as in those from which the returns were made, the total number of beds occupied by the in-patients of these establishments will amount to between five and six thousand, and the number of out-patients annually under treatment to nearly 100,000. Were these cases regularly reported, and the results thrown into the form of tables, as they ought to be in every public institution of this nature, what valuable materials for the increase of our knowledge of disease might be attained from the provincial hospitals alone. But the same causes which lead to the evils we have before alluded to,

almost, as it were, compel the omission of this practice. The medical officer who, from the onerous nature of the duties which devolve upon him, is unable at all times to perform those duties with satisfaction to himself or advantage to others, is not likely willingly to encumber himself with additional labour, and hence this widely-extended field of observation, which might produce fruits of such incalculable value, remains uncultivated and barren.

The root of these evils lies deep, and is to be found in the low estimate which medical practitioners have formed of their own services. The gratuitous attendance on the sick poor, originally springing from motives of the purest benevolence, and still carried on by many of our professional brethren on the same exalted grounds, has in these days become so completely a system as to be looked upon as a matter of course by the profession, and demanded as a right by the community. In the institution of hospitals, infirmaries, dispensaries, &c., the regulations are often made without reference to the convenience of those who are, after all, to be the very mainspring of their existence, while the governor who bestows his annual guinea looks upon himself as the source of patronage, and the dispenser of those charitable offices, which after all he can only exercise at the expense of another. Were these appointments less exclusive, and the advantages attached to them more extensively participated in, the number of the medical officers would be better apportioned to the duties which they have to perform, and time and inclination would not be wanting to render the institutions available for the general advancement of medical knowledge, as well as for the welfare of the indigent sick.

This object might readily be effected without materially interfering with existing appointments, which, where the duty is really and efficiently performed, we should be sorry to see disturbed. The support given by the public must, in a measure at least, depend upon the confidence reposed in the responsible medical officers; but neither would their responsibility be lessened, nor the confidence of the public diminished, while the advantage of the profession generally would be promoted, were the laborious duties now imposed upon the honorary officers more extensively shared by those competent to discharge them.

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THERE can be no more fatal mistake in the adoption of social regulations or the drawing up of laws, by which large communities are, for mutual protection and advantage, to be united and governed, than the confounding together and

visiting with the same penalties those infractions of the compact which are wilful, and those over which the individual committing them has no control. The essence of government in its most simple and most effective form, is the paternal character with which it is invested. Any infringement upon this character, any undue partiality shown to one portion of those subjected to its rules, or uncalled-for severity inflicted upon another, is an abuse which, by being sanctioned by the rules themselves, is only rendered more galling and more iniquitous. All the subjects of a state should be regarded in the light of children in a well-regulated family, for whose individual benefit, as well as for the general benefit of the whole, the government, like the head of the family, is alike interested and responsible. Would not the paternal head of such a community be desirous of instructing the ignorant among them, of chastising and punishing the ill-disposed, of consoling the afflicted, of assisting the distressed, of affording support to those who have been unfortunate, and of carefully protecting the imbecile? This ought to be the spirit of the laws by which our own community is governed, and we are quite ready to admit that in the main it is so. If, then, any regulation be found in operation, which contravenes the spirit, and in its administration offends against the principles, by which the affairs of this great family are conducted, ought not such regulation to be abrogated? Is not the very existence of such a law on the statute-books a disgraceful anomaly?

In the observations on the Sixth Report of the Inspectors of Prisons, lately published in the *Times* newspaper, we find the following remark:—

Among those little accidental disclosures which now and then appear, is the following extract from the journal of a surgeon—"W. H., from Nantwich workhouse, for absenting himself therefrom: he is idiotic—not in a state to be able to discriminate. We have such cases over and over again from the workhouses. He cannot take the prison diet: his stomach rejects substantial food." It did just strike us that these poor idiots, albeit they are "not able to discriminate," do manage very strongly to "discriminate" between the gaol and the workhouse, and that not at all to the advantage of the latter. Whether this is a sound discrimination, of course we have no means of judging. It follows, however, a little suspiciously, that their "stomachs reject substantial food,"—from not having been accustomed to it!

To say nothing of the multiplied abuses in regard to unwholesome and insufficient diet, imprisonment, severing of family ties, deprivation of all indulgences, &c., which mark the administra-

tion of the Poor-law, involving as they do a series of wretched practices in direct contravention of the entire spirit of our legal code, and opposed to every principle of good government, we have here another revolting feature of the system brought before us.

Poverty and distress, whether merited or otherwise, have throughout been looked upon as equivalent to crime, and in some respects visited with a more severe measure of punishment. Here, however, we see that the mental imbecility of the idiot, the sole enjoyment of whose life is, perhaps, to be found in wandering unrestrained in the open fields, and breathing the pure air of heaven, sentenced to the walls of a prison; and for what?—can it be credited?—for absenting himself from one of these union workhouses. It is true, that the personal comfort of the unfortunate offender against these inhuman regulations, seems to have been more attended to in the gaol than in the workhouse; but the moral effect of visiting the irresponsible object of compassion, following the blind and harmless impulse of a vacant mind, and the wilful aggressor against his fellows, in his violation of all principles of right and justice, with the same punishment, is equally mischievous and impolitic. It is equivalent to declaring that the laws are not made for the benefit of the whole community, but for the mere speculative purpose of showing and enforcing a little brief authority.

Would such be the conduct of a parent to an unfortunate child so affected? Or is the tale of fiction, in which the affections of a mother are portrayed, as being wrapped up in a being so circumstanced, so absurdly romantic, and inconsistent with human nature, that it meets with no acceptance—no sympathising response from the inmost feelings of the heart?

This anomalous state of the law is no light matter, for if the immutable principles of equity and justice are thus confounded, the question may ultimately arise, how far the formation of such a law, in contravention to the paternal, the social, the equitable spirit in which all laws should be enacted and enforced, is not a usurped rather than a natural or a delegated right.

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## THE MEDICAL SOCIETIES OF LONDON.

No. I.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

THE first meeting this session of the Royal Medical and Chirurgical Society—the society *par excellence* of the medical profession in this country



—took place on Tuesday, the 9th instant. The rooms were crowded. There were about one hundred and fifty persons present.

This aristocratic institution is regarded as the "Lords," or "Upper House," to which the members of the other metropolitan societies aspire, after having passed their probation in one of the minor debating schools. Its principles are essentially conservative; it is rich, its revenue is yearly increasing; it possesses an excellent library; it boasts of having the *élite* of the profession enrolled amongst its fellows, and even her Majesty the Queen has been graciously pleased to inscribe her name in the statute-book of this society. Since it obtained the charter in 1834, it has rapidly increased in numbers, in wealth, and in fame; and although "Royal" societies are seldom much better than coteries of old wives, we are happy to say that the Medico-Chirurgical is as yet an exception to that rule, for the zeal of its members, and the efficiency of the institution itself, in promoting the ends of medical science, have grown with its prosperity, and have steadily advanced from the date when it was first dignified with the title "Royal." The high character of its Transactions, a volume of which is published annually, has until lately materially contributed to elevate the Royal Medical and Chirurgical Society to its present position, has gained for it the esteem and respect of the profession, not only in this but in foreign countries, and hence it is considered an honour of no mean degree to be enrolled in the list of its fellows.

In the session 1839-40, when Sir B. Brodie was elected to preside at the meetings of the society, a greater number of fellows were admitted than in any previous season; we believe the number was thirty-five. This influx was attributed by some to the attraction of the distinguished president, and whenever he resigned it was supposed that the candidates for admission would fall off in point of members. Such, however, is not the case, for in the following session, (1840-41,) Sir Benjamin being still president, there were only thirty admissions, and from the date of Dr. Williams's presidency, which took place in March of the present year, up to the time we are writing, November 10, there have been twenty-two new fellows elected, there are eight more to be balloted for in the course of a few meetings, which will be as many as were elected altogether in the preceding year, and it may be reasonably inferred that four or five additional fellows will be admitted before the 1st of March 1842.

Each member pays six guineas on his admission, and three guineas annually, for which he gets a volume of Transactions, the use of the

library, and *tea* and *coffee* on the meeting nights, once a fortnight. Members residing in the provinces, or seven miles beyond Hyde Park Corner, do not pay the annual subscription.

Having said thus much of the flourishing condition of the Medico-Chirurgical Society, we shall now take leave to point out those vices that, from time to time, have crept into the management of that body, the abrogation of which would materially contribute to the well-being of the institution, and to the harmony that should subsist amongst its members. The medical communications are a never-ending source of dispute. No individual sends a paper to the society without the hope of seeing it inserted in the next volume of the Transactions. This feeling makes the author, naturally enough, anxious and fidgety to have it read as early as possible; and should any delay take place, or should he fancy that to be the case, he becomes suspicious that he is not dealt fairly with, that others who have sent in their papers later than he did, were preferred to him; then he charges the committee, or the secretary, who has to bear the burden of all the society's transgressions, with the crimes of injustice and partiality. Independent of the disunion and dissatisfaction resulting from this state of things, it is otherwise highly prejudicial to the interests of this institution; for if the idea of favouritism gets abroad, it will undoubtedly prevent many valuable communications from being sent in. We would beg to suggest a very simple remedy for these misunderstandings. Let a blank book be left at the society's rooms, open to all the members, and let each communication be registered in this book as soon as it is received by the secretary or sub-librarian, who is in attendance from one to five daily. If this plan were adopted, it would put an end to all disputes of the unpleasant nature alluded to, as every person who might fancy himself aggrieved could consult the register, and soon set himself right on that point.

The next evil we have to complain of, is that of the ballot-box going round while the papers are being read. This is admitted on all hands to be a most intolerable nuisance. It must be done away with. It is quite impossible to attend to the reading of a paper, while the attention is diverted every moment by the rattle of the box, and the falling of the balls; besides, the secretary has to stop reading until the president announces the election or non-election of the member balloted for. But this is not all. A new candidate's certificate of recommendation, with a long string of names attached, must be read aloud before the secretary can resume the paper, which he no

sooner does, than away goes the ballot-box again, rattling in our ears, and disturbing the equilibrium of our thoughts. On one occasion during the past session, this nuisance was repeated thirteen times, to the weariness of the flesh of Mr. Williams, who had to resign the box to his assistant before he had got half the number balloted for, and to the mortification of the spirit of Dr. Addison, whose paper on the anatomy of the lungs was sadly mutilated in the reading, from the above cause. This clumsy arrangement is alike injurious to the audience as to the author of the unlucky paper, and calls loudly for reformation.

We now arrive at the capital offence charged to the account of the council or committee of management of the society. It refers to the selection of papers for publication in the Transactions, from those that have been read during the session before the meeting, and, as may be foreseen, involves many delicate points for consideration. The question is this—is the council guilty or not guilty of favouritism or partiality in the selection of papers for publication? We have already remarked upon the high character of the Medico-Chirurgical Transactions—a character which they have sustained for a long series of years. It is, therefore, with great pain that we noticed within the last few years a considerable falling off in this publication. We allude especially to the 23rd and 24th volumes. The last in particular is scarcely worthy of the name it bears. Now, this must result from one of two causes;—1st, That the committee are incompetent, or unwilling from interested motives, to select the best papers from those that are submitted to them. 2nd, That the communications themselves are no longer of that high character which we were accustomed to find in the early volumes. We do not subscribe to the latter opinion. Although the names of Earle, Lawrence, Brodie, and of other members equally distinguished, have all but ceased to appear in the pages of these Transactions, there are, nevertheless, others to be found amongst the present contributors, whose papers would go far to replace those of the individuals now mentioned. During the past session there were three communications read before the society, which have not been published in the Transactions, yet we do not hesitate to state, that any one of them was superior in point of value to the majority of those inserted in the volume which has just appeared. The papers alluded to are,—1st, On the Effects of Poisons on the Blood, by Mr. Blake; 2nd, On Aneurysm, by Mr. Skey; 3rd, A Unique Case of Ulceration of the Gall Bladder, &c., communicated by Dr. Copeland. It is the marvel of every member of the institution why these contributions have been rejected.

We have heard that Mr. Blake's paper was not inserted, on the plea of its having previously appeared in another form and in another publication. If this really was the cause of the rejection of the paper in question, it shows at once the utter incompetency of the person to whom it was referred to report upon, for the task thrust upon him.

We deny that it was ever published before, and we challenge the unlucky members of the council who rejected it, to prove our position false. The experiments were all original; the paper was one of the most important presented to the society for many years; it created a lively interest at the meeting before which it was first read; the talented author was already honoured at the Institute of France, on account of his previous researches; but it remained for the profound Doctors of Isis and of Cam, in council assembled, to teach this presumptuous aspirant for fame that he was not yet prepared to pass their fiery ordeal. Mr. Blake is a young man, and evidently has had no interest in the secret councils of the society—two important reasons why mediocre productions should be preferred, while the effusions of a talented and cultivated mind are let rest in the shade, because their less fortunate author has neither weight nor influence with the lawgivers, and because he is guilty of the enormous crime of being a young man!

Mr. Skey's communication was also well worthy the pages of the Transactions. It was, no doubt, somewhat verbose, but the judicious application of the pruning-knife could easily reduce it to a legitimate size, without subtracting from its merits, and we doubt if the council of astutes could point out a better paper amongst those which they have published.

Again, the case of ulceration of the gall-bladder had many claims for insertion in the Transactions. It was extremely interesting, and its value as a contribution to pathology was of paramount importance. If our memory serves us, there is not a case of the kind in the entire series of the Medico-Chirurgical Transactions. The author of this paper was also a young man! But we shall not dwell any longer for the present on this painful subject. We hope that the learned Thebans who have the management of the society's affairs in their hands, will profit by our remarks, and reform their evil ways forthwith.

In taking leave of this part of the subject, we would further remark that the price of each volume of the Transactions is exorbitantly dear. The price of the last volume should have been, according to the bookseller's scale, only five or six shillings at the utmost, instead of which it is twelve shillings. We could print the whole vo-



lume in two of our ordinary numbers, at the cost of one shilling! Guy's Hospital Reports, containing nearly double the quantity of matter, is sold for six shillings; and why the Medico-Chirurgical Transactions should be an exception to the general rule we cannot divine, unless it be that the sage philosophers who compile them, for some wise purpose of their own, wish to limit the sale, and keep all their knowledge to themselves.

The authors of papers hitherto read at the society would do well to learn the art of condensation. They are, with few exceptions, wonderfully given to verbose and long-winded productions. If they knew how injurious these vices of style are to themselves, they would be more careful in guarding against them. The common results of a tedious and long-winded communication at the Medico-Chirurgical Society is, in the first place, to set all the "grave and reverend seniors" to sleep, and to make the less somniferous part of the audience leave the room; and in the next, to ensure its own rejection at some future period in the council chamber. There are some "well-known" authors, whose papers are scarcely begun, when a general move to the door ensues, as a matter of course. It would be invidious to mention names—*verbum satis sapientibus*. We shall on an early occasion give a sketch of the debates, and of the principal speakers at this society.

## UNIVERSITY COLLEGE HOSPITAL.

### ANEURYSM OF THE CAROTID ARTERY MISTAKEN FOR ABSCESS—INCISION OF THE TUMOR—DEATH OF THE PATIENT.

ONE of those remarkable cases which seem destined to prove (if any proof were wanting) that "man is born to err," has recently occurred in the practice of Mr. Liston at University College Hospital. We shall briefly relate the particulars of this deplorable case for the instruction of our readers: that it may serve as a warning and a profit to the distinguished operator of University College Hospital, is our sincere wish.

A boy, 9 years of age, was admitted into University College Hospital, on the 20th of October, 1841. The patient had been sent to the hospital by a general practitioner, who considered that he laboured under aneurysm of the carotid artery. On his arrival at the hospital, which took place some time previously to Mr. Liston's hour of visit, he was carefully examined by several of the students, and by Mr. Liston's house-surgeon, who thought that they detected evident pulsation in the tumor, and an aneurysmal bruit on applying the stethoscope.

On the right side of the neck was a large tumor

extending along the course of the carotid artery, from the angle of the jaw to within an inch of the clavicle. The tumor projected into the mouth, and, from its pressure on the neighbouring parts, seemed to occasion considerable dyspnoea, and a peculiar change in the patient's voice; the boy said that the tumor had existed for about two months, and came on after a severe attack of fever.

On Mr. Liston's arrival in the ward, the little patient was immediately introduced to his notice; and the pupils, in whom the case had excited considerable interest, crowded round their teacher. The house-surgeon (if we are rightly informed, and we state the fact on no light authority) now handed to Mr. Liston an exploring needle, and informed him that an aneurysmal bruit had been detected; Mr. Liston, however, rejected the proffered needle, saying, "Who ever heard of an aneurysm in a child 9 years old?" and in his usual off-hand manner plunged an abscess lancet into the tumor. A violent gush of arterial blood immediately followed, covering the face and hands of the operator; the patient fainted away at once from the loss of blood; notwithstanding the syncope, the hemorrhage continued, and Mr. Liston immediately closed the wound with a couple of harelip pins and ligature, observing "that it was a cure for the present." The boy was then conveyed to bed.

Oct. 21.—Mr. Liston proceeded to tie the common carotid artery to-day; before doing so, he addressed to the students some observations, which we extract from a contemporary journal:—

"Mr. Liston remarked, that the case was one of great difficulty. He detailed as much of the history as is above related, and stated, in addition, that though the tumor had some of the symptoms of aneurysm, yet there were many circumstances which induced him, when he first examined it, to believe it was merely abscess. The patient was so young, that he believed no one could say that they had seen a case of idiopathic aneurysm in a person of that age. The shape of the tumor was unlike that of aneurysm, and had more the appearance of an abscess; pulsation was only to be felt immediately over the carotid, which might be the case in any tumor situated over an artery. On grasping the sides of the swelling, and within the mouth, no pulsation was to be felt. These considerations induced him to believe that it was an abscess, and he still considered the tumor was not a case of common idiopathic aneurysm. He thought that after the fever from which the boy had suffered, matter had formed deeply at the upper part of the neck, which had gradually encroached upon, and ulcerated into, the carotid, or some of its large branches, and in this way a bloody swelling had been formed. He had seen a similar case in the person of a student of the hospital last year, in whom he had opened a large abscess deeply seated under the large muscles on the front of the thigh; profuse hæmorrhage took place some days afterwards, and recurred to such an alarming extent, that he was obliged to tie the femoral artery. He had since learned that a bruit de soufflé had been heard in the tumor of this boy; had he been aware of this symptom, he would have hesitated to make the opening, which he had done, into it. The tumor was so extensive, that there might be great difficulty in tying the vessel; it was

impossible to say how low down it descended in the neck, and how little space there might be to place a ligature round the vessel. He should proceed with great caution, and having made a small incision at the root of the neck, attempt, if it were possible, to tie the carotid low down."

Having delivered the preceding observations, Mr. Liston took up the carotid artery close to the clavicle. As may be readily supposed, the operation was rendered very delicate and difficult, not only from the size of the tumor, but from the extravasation of blood which had taken place along the sheath of the vessel, and into the cellular tissue of the surrounding parts: in addition to these unfavourable circumstances, the operator was unable to extend his incision upwards to any length, and was compelled to seek for the artery in a small deep hole at the bottom of the neck, not far from the division of the innominate. The patient bore the operation well, but of his subsequent history we regret to say we can give no account, save that he died of secondary hæmorrhage on Friday, the 5th of November: the patient was placed in a private ward, to which the pupils of the hospital were denied access.

On examination of the body after death, it was found that the ligature had been placed about a quarter of an inch from the division of the innominate. The tumor, it is said, was an aneurysmal one, but, on the other hand, we have heard that Mr. Liston denies it to be a true aneurysmal sac.

We are unwilling to make any extended observations on this truly unfortunate case, because we do not belong to that class of journalists whose motto is *ve victis*, and who care not how deeply they may wound the reputation of a professional brother, provided they can obtain for themselves a despicable notoriety,

Some few remarks, however, we feel called upon to make.

The case which we have just related will be a useful though dearly-purchased lesson to Mr. Liston; it must teach him that dexterity and boldness in operation are not the sole qualifications of an accomplished and successful surgeon; that the hand should be subservient to the head, even as the knife is to the hand; and that prudence, caution, and judgment should not be sacrificed to a certain love of display, (which we shall not characterize,) when the life-blood of a fellow-creature is at stake.

Were we disposed to be critical, we might ask, why was not the artery taken up on the spot, the instant that the fatal mistake was discovered? The inconveniences of delay, in such cases, are most obvious. Or, we might inquire, why the patient was withdrawn from the observation of the pupils, and placed in a private ward, to which Mr. Liston and his friends alone had access? Is not this the "hole-and-corner surgery," which in former times so grievously excited the virtuous indignation of the "Editor of the Lancet?"

But that worthy functionary may well say, "non

sum qualis eram." The times are changed, and we change with them.\*

Even the instincts of the coroner seem to have given way under some secret influence. No man has a sharper nose for an inquest than the coroner for Middlesex; no man pretends to be a more unflinching censor of hospital delinquencies than the Editor of the Lancet; yet this case, which presented so favourable field for investigation, has been allowed to pass away unnoticed by the coroner and the critic.

## MANCHESTER EYE HOSPITAL.

(Practice of Mr. WALKER.)

### INJURY FROM A PERCUSSION-CAP.

EDWARD CREER, æt. 28, cotton-spinner from Preston, was admitted an in-patient Nov. 1, 1841, under the care of Mr. Walker. From his account it appears, that whilst hammering a percussion-cap, a fragment of the metallic body forcibly struck the right eye, but whether it actually entered, he is unaware. The accident occurred six weeks before his admission, and was followed by considerable pain and inflammation in the organ, which has continued to this time.

On examining the eye, a very considerable amount of vascularity, both of the conjunctiva and sclerótica, was noticed; the cornea was observed to be slightly opaque at several points, particularly near the centre, where a cicatrix had apparently formed, probably the result of the wound inflicted at the time of the accident; the pupil was completely obliterated, the iris changed in colour, projecting, and at its central portion adherent to the injured part of the cornea, the anterior chamber being almost annihilated. The general form of the eye had undergone no change, neither was there any enlargement of it. Some degree of tenderness of the globe, on pressure being made, was complained of, and the pain he experienced was very severe, of a pulsating character, and much aggravated during the night. Vision was totally destroyed, and there was not the least perception of light. His general health had not been materially impaired. For the first three weeks after the receipt of the injury, he had been unable to attend to his work. He then resumed it for a few days, when the other eye becoming irritable, watery, and impatient of light, he was again compelled to desist.

From the long continuance of the irritation, and the nature of the injury, it appeared more than probable that a portion of the percussion-cap had been projected through the cornea and iris into the posterior chamber, and that no effectual relief would be obtained, except by an operation which would secure the discharge of the foreign body. This could only be accomplished by the removal of a portion of the tunics, so as to admit of the complete evacuation of the contents of the globe. In this case, vision being irrecoverably lost, there could be no valid objection to sinking the eye. Coupled with this consideration, the danger of

\* Tempora mutantur, &c.



sympathetic inflammation being established in the other eye—the premonitory symptoms of which had indeed already commenced—there could be no longer room for hesitation as to the propriety of adopting such a proceeding.

November 2.—At a consultation this morning, it was decided that the operation of sinking the injured organ should be performed without loss of time. The patient, having assented, was placed on a sofa, the head and shoulders being duly elevated. The lids being properly secured, Mr. Walker passed his double-edged cataract-knife through the front of the eye, commencing at the outer canthus, in such a manner as to make a flap of the superior half of the cornea, and a portion of the sclerotic; the flap was then laid hold of with a forceps, and, with the curved scissors, a large portion of the cornea with the adjacent sclerotic was excised. Along with the disorganized humours, a considerable quantity of puriform matter immediately escaped, and, in addition, a *fragment of the percussion-cap*, which had preserved its metallic character, not having become in the slightest degree corroded. A draught, containing forty drops of laudanum, was immediately administered, and a poultice ordered to be applied over the orbit, and occasionally renewed. He felt considerable pain for a short time after the operation, but in the evening he was quite easy. Another draught, containing thirty drops of laudanum, was directed to be given at bed-time.

3. He had six hours' sound sleep, being the best night since the receipt of the injury. No constitutional disturbance, and but little uneasiness about the eye. Continue the poultices.

4. Makes no complaint. Senna draught to be administered to-morrow morning, as the bowels have not acted since the operation.

6. All irritation has ceased; the wound is quite healed, and the eye has sunk back into the orbit. The irritability of the left eye has also completely subsided. At his own request, he was discharged this day.

The operation of sinking the injured eye may, at first view, appear somewhat forbidding. This case, however, clearly points out the propriety of the proceeding. Supposing the mischief to have been allowed to run its course unchecked, what would have been the result? For many weeks or months, the patient must have been subject to a continuance of suffering, his sleep interrupted, and his health materially impaired. Possibly, after a time, the matter may have escaped by a process of ulceration of the tunics,—a process usually accompanied by intense pain. In any event, the eye must have been destroyed, and become either atrophied or staphylomatous, and, so long as the foreign body remained within, a perpetual source of irritation. The sound organ most probably would have participated in the diseased action, and all useful vision, perhaps, destroyed. As it is, the patient's sufferings are over, and he is enabled to return to his occupation immediately. The operation, in these circumstances, was first practised by Mr. Barton, senior surgeon to the hospital, and is now constantly performed in similar cases.

## LEEDS GENERAL INFIRMARY.

(Practice of Mr. T. P. TEALE.)

## POPLITEAL ANEURISM.

(Report by Mr. GIBBES.)

JOSEPH HALL of Doncaster, waterman, aged 38, was admitted on the 20th of August, 1841, into the Leeds Infirmary, under the care of Mr. Teale, for a tumor situated in the right popliteal space. About a month prior to his admission, without any assignable cause, his leg became stiff and painful, and in a fortnight afterwards he discovered a small swelling in the ham. At the time of his admission the tumor distinctly pulsated, and could be partially emptied by pressure. He complained of constant pain in the leg, particularly when the limb was extended. The leg was slightly swollen. His general health good.

August 23.—A ligature was placed on the femoral artery, at that part of its course where it begins to be concealed by the Sartorius muscle. In performing the operation, an incision about three inches in length was made in the course of the Sartorius, by which the internal fibres were exposed; by the fore-finger of the left hand this muscle was then gently detached from its aponeurotic sheath and pushed outwards, when the artery was felt pulsating, through the combined sheath of the muscle and sheath of the vessels. A slight incision with the point of the bistoury exposed the artery, and a single ligature was conveyed beneath it by an aneurism needle. The ligature being tied, the pulsation in the tumor instantly ceased. The wound was united by adhesive straps, and an opiate was given to the patient. Two hours after the operation, the temperature of the leg was  $94\frac{1}{2}$  deg. The limb to be enveloped in warm flannels.

24. He has passed a good night. The temperature of the limb continues somewhat lower than natural. Carded wool to be wrapped round the leg, and a bottle of hot water to be applied near the foot.

September 16. In three or four days after the last report, the limb had regained its temperature. No unfavourable symptom has since occurred. The tumor is much reduced in size, but the ligature is not yet detached.

21. The ligature came away this morning. The patient is in perfect health, and merely complains of a little weakness in the leg when he walks.

October 1. Discharged.

## CARCINOMA OF THE LIP EXTENDING TO THE INFERIOR MAXILLARY BONE. EXCISION.

John Haigh of Beal, farmer, aged 65, was admitted into the hospital, September 24, 1841, for cancer of the lower lip. The disease had existed about two years and a half. Three months ago he was persuaded to try the infallible remedy of brandy and salt, after which the disease advanced with increased rapidity. On admission, a large fungous ulcer occupied the whole of the lower lip, and on the right side the carcinomatous induration extended downwards to the chin, in which situation the integuments and muscles were firmly adherent to the bone. No enlargement of the lymphatic glands could be detected.

Oct. 2. The patient being placed in a chair, Mr.

Teale commenced an incision at the left angle of the mouth, and extended it obliquely downwards to the lower part of the symphysis of the chin, from which point it was prolonged downwards at an obtuse angle, and terminated opposite the right extremity of the body of the os hyoides. Another incision was carried perpendicularly downwards from the right angle of the mouth, to meet the former incision opposite the hyoid bone. The soft parts covering the inferior maxilla were now detached on each side, so as to expose the bone in a line opposite to the first bicipitis, which had been previously removed. A groove having been made in the bone on each side by the saw, its complete division was effected by the cutting forceps, and by a few touches of the scalpel the anterior part of the jaw, along with the carcinomatous mass, was detached. The hæmorrhage, which was rather copious, was restrained during the operation by small spring forceps, which were applied by an assistant to the mouths of the bleeding vessels. After the division of the muscles connected to the lower jaw, the tongue was spasmodically drawn back towards the pharynx. The oppression of breathing produced by the spasm was readily relieved by seizing the tongue, and drawing it outwards for a few seconds. The vessels being secured by ligature, the obtuse angle of integument from the chin was united by suture to the right angle of the mouth, and the remainder of the wound was united by two twisted sutures, and two or three interrupted sutures. The parts were covered with lint and supported by a bandage, and an opiate was administered.

6. He has proceeded favourably since the operation. The pins being removed, the wound was found to be firmly united, except at the lower part near the hyoid bone.

8. The wound looks healthy. There is a copious discharge of viscid mucus from the mouth.

11. Mucus diminished in quantity. He can swallow better, and takes beef-tea and nourishing liquids.

29. The wound is healed; his powers of deglutition and speaking are gradually improving. Discharged.

#### COMPOUND FRACTURE OF BOTH LEGS; AMPUTATION OF LEFT THIGH AND RIGHT LEG.

William Smith of Wakefield, aged 16 years, was admitted into the infirmary October 16, 1841. In going to his work between five and six o'clock in the morning, whilst crossing a plank, the patient fell between forty and fifty yards into a coal-pit. He was immediately conveyed to the Leeds Infirmary, a distance of ten miles, which he reached at eight A.M. in a state of great exhaustion. He had sustained a comminuted compound fracture of both legs; the left being completely crushed from a little below the knee to the ankle, and almost severed. The right tibia and fibula protruded through an extensive contused wound at the lower third of the leg. The right foot was deadly cold. The left ulna was fractured; the scalp wounded and contused in the right frontal region. General temperature of the skin much reduced, pulse scarcely perceptible. Cordials to be administered, and warmth applied externally.

2 P.M. The pulse has a little improved, and the cheeks are rather warmer; but, in consultation, it

was considered that he had not sufficiently rallied to bear operation.

6 P.M. He is still very much sunk, but the pulse has rather more power, and the tone of voice is improved. Mr. Teale proceeded to amputate the left limb above the knee by the circular method, and, after securing the vessels, immediately amputated the right leg below the knee by the single-flap operation. Both stumps were united by two or three sutures, and were supported by straps of plaster and circular bandage. During the second operation he was much exhausted, but rallied after brandy and ammonia had been given. After he was placed in bed, small quantities of gruel with brandy were ordered to be given every ten minutes.

8 P.M. Pulse improved. He has vomited occasionally, and complains of the bandage round the left thigh being tight; a few folds of bandage were cut, which gave him great relief.

17. He has passed a restless night, and during the day has rambled occasionally; he wants to get up and walk to the coal-pit; pulse 140. Twenty drops of tincture of opium to be taken immediately, and to be repeated in an hour if necessary.

18. He became more tranquil after taking the opiate, but is still occasionally delirious; pulse 120; skin also heated; bowels confined. Take castor oil.

19. He is much improved; is less delirious, and desires food.

20. Continues to improve. The stumps were dressed to-day for the first time. Both looked well; adhesion to a considerable extent had taken place.

27. Both stumps look well. His health is rapidly improving.

Nov. 2. The ligatures have come away; the stumps are well formed, and nearly healed.

#### MEDICAL SOCIETY OF SHEFFIELD.

##### DELIRIUM TREMENS.

The third meeting of this society was held on Thursday, November 4th. The subject for discussion was a case of delirium tremens, occurring in the practice of Mr. Thomas.

The disease appeared twice in the same individual, with an interval of about one year, and the treatment in each case was highly illustrative of the good effects of opium in large doses.

It appeared that in the first attack, the patient, who was constantly watched, took, in the course of three days, five ounces of tincture of opium, nineteen grains of opium in powder, and four grains of acetate of morphia.

In the course of four days and a half, in the second attack, he took of the tincture of opium twenty-seven ounces and a half, and of powdered opium eighty-eight grains.

In the course of the discussion a question was raised as to the exciting cause of delirium tremens; whether it occurs during the stage of drunkenness, or whether it does not almost invariably appear when the stimulus has been for some short time discontinued; and some cases were cited where the attack came on during the continuance of the debauch; for example, of a coachman who was



seized immediately on leaving the coach; and another of a person who fell asleep during drunkenness, and awoke in two or three hours labouring under a severe attack of delirium tremens. But the general opinion seemed to be, that the attack usually comes on after the stimulus had been for a short time withdrawn.

An objection to the use of acetate of morphia in such cases was started by Mr. H. Jackson, from its tendency to produce cerebral excitement, although no such effect was produced in the case which gave rise to the discussion; and Battley's liquor opii sedativus, and the hydrochlorate of morphia, were recommended as the better preparations of opium to be exhibited in such cases.

At the close of the discussion, the brain and parts of the spinal cord of a horse, which had been destroyed in consequence of tetanus, resulting from a wound of the elbow, occasioned by a fall, was exhibited by Mr. H. Jackson, by the kindness of Mr. H. Taylor, V.S. The symptoms appeared on the 17th day after the injury, which appeared to have been inflicted by the shoe of the hinder foot, when the suppurative process was apparently going on favourably. A very small splinter of bone was found on the olecranon, but there was not the slightest trace of an abnormal condition of the extensor tendons. There was congestion on different parts of the brain and spinal cord, but not the slightest appearance of inflammation.

## GUY'S HOSPITAL.

(Practice of Mr. BRANSBY COOPER.)

### STEATOMATOUS TUMOR OF THE GLUTEAL REGION.

JOHN BALDWIN, aged 24, a healthy-looking man, by occupation a labourer, was admitted on May 25th, 1841, under Mr. Cooper, for a large tumor in the gluteal region.

*History of Case.*—He states, that about nine or ten years ago he first discovered a tumor, which he says was then of the size of a pint basin: previous to this, it had not attracted his attention. However, as it gave him no pain, he made no complaint, till between two and three years ago, when he consulted a country surgeon, and was taken under his care. After having been in a provincial hospital about three weeks, an attempt was made to remove it, by two elliptical incisions: but the surgeon, during the operation, imagining that it had connexion with the pelvic viscera, desisted from the operation, and closed the wound. In about ten weeks afterwards he went home, and there pursued his usual occupation for two years; but perceiving that since the operation the tumor had greatly increased in size, he became anxious on the subject, and presented himself for admission into Guy's Hospital.

*Present Appearances.*—The tumor now is very large, and perfectly uniform: an impulse is communicated to it by coughing; but the patient states that no change is produced in it by passing the fæces, or by any alteration in his position; and it does not increase from exercise. No fluctuation can be discovered. Great difference of opinion was entertained as to the diagnosis of this case:

by some, it was considered as an encysted tumor; by others, as a hernia, escaped through the ischiatic notch. Mr. Cooper wrote to the surgeons concerned in the former operation. The information obtained was not considered as conclusive against a second operation. Mr. Cooper, then, with the concurrence of Messrs. Key and Morgan, (the man being extremely anxious to have the tumor removed,) determined upon an exploratory operation. On Tuesday, July 28th, the man was placed in the prone position upon the operating table; and an incision was made into the tumor, about three inches in length. The several layers, covering the tumor, which lay beneath the glutei muscles, were successively divided; and the nature of the tumor then became apparent. It was, in fact, a large steatoma, and had been covered entirely by the gluteus muscle, which was expanded over it. It was dissected entirely out, and was found connected with the pelvic fascia.

The man endured the operation, which lasted about half an hour, with the greatest fortitude. There was very little hæmorrhage at the time. The wound was closed by two sutures, and the man was put to bed. About four or five hours after, there was some little bleeding, proceeding from several small vessels: of these, four were tied, which appeared effectually to restrain it; a sponge was placed in the wound, and it was closed. In the evening of the same day, the sponge was removed, which was followed by slight hæmorrhage; and two more vessels were secured. The patient had vomited once, but had very slight pain upon pressure over the abdomen. The wound was closed again by sutures, and water-dressing applied. An opiate of the morph. hydrochlor. was ordered.

July 29.—Passed a restless night. Pulse quick and feeble; tongue furred. Ordered,

Calomel one grain and a half; James's powder three grains; opium one-half a grain; at once.

Wine, and milk diet.

The opiate to be continued at night.

30. Has passed a better night, but still appears very low: his spirits appear rather depressed; countenance anxious; pulse quick and weak; appetite gone: the wound, however, looks healthy; and there is great suppuration. The sutures have been removed, which has afforded him relief; and the edges of the wound brought together with soap-plaster. Aperients are ordered.

Sulphate of magnesia half an ounce; solution of acetate of ammonia one ounce and a half; tincture of hyosciamus one drachm and a half; peppermint water six ounces. Two table-spoonfuls twice a day.

The wine to be increased, and a pint of porter daily.

Aug. 1.—Appears considerably better; appetite improved; and his spirits much better. He has had no recurrence of pain over the abdomen since the operation.

3. The wound looks remarkably well, and is suppurating healthily: his appetite is much improved.

5. His bowels being rather confined, he was ordered to take a dose of castor-oil.

7. Continues to improve. His bowels are now open; pulse natural; tongue clean; skin cool; and the wound is healing very rapidly.

16. Still progressing favourably.

Since the last report, not an unfavourable symptom has occurred, but the man has continued gradually to improve. It is indeed singular how little constitutional derangement has been produced by so severe an operation.—*Guy's Hospital Reports.*

ON THE  
UTILITY OF THE BRANCHES  
OF THE

PROVINCIAL MEDICAL AND SURGICAL  
ASSOCIATION.

[Read to the Shropshire and North Wales Branch at their Third Anniversary Meeting.]

By THOMAS JEFFREYS, M.D.  
OF LIVERPOOL.

GENTLEMEN,—As far as my experience goes, perhaps you will permit me to make a few remarks, upon the leading features and practical utility of the branches of the association, which now amount to six or seven throughout the kingdom, which I am more especially induced to do, because I am inclined to think that imperfect ideas are entertained upon the main objects of them.

1st. I conceive that they are intended only as auxiliaries to the parent association.

2d. To afford those members an opportunity of visiting the branches, who may find it totally impossible to attend the general anniversary meetings.

3rd. To supply such local information as it would be difficult to obtain in any other way.

Upon each of these points may I request your attention?

First, then, we all well know that in every rural district there are medical gentlemen who are not only valuable members of society, but also able practitioners, who, from the very nature of their occupations, cannot be supposed to have either time or the habit of making known to the world the results of their professional labours and observations; but if they were collected and conveyed to the president, secretaries, and central council of the branch, they may be skilfully digested, condensed, and arranged, so as to form an interesting report, essay, or address, to be read by the president upon his retiring from his office. This would always secure a valuable annual communication, without being an onerous task upon distant members, and be no great labour to those who are well known to have the power of composition and facility of production, such as the Shropshire and North Wales Branch can boast of, and would tend to heighten the standing of the medical profession who are members of the branch.

Secondly.—The great anniversary meeting of the association being, from necessity, sometimes held at very distant extremes of the kingdom, they can only be regularly attended by the more zealous members, and those within reasonable distance of that locality, and some, perhaps, of the latter are only known to each other by

name, which is an evil these annual local gatherings have a tendency to remove: for it is always advantageous, both in a professional as well as in a friendly point of view, to encourage both information and good feeling upon all occasions, and in all pursuits and stations in society; but in none is it more desirable, because it is least thought of, than among medical men; who sometimes, I fear, think they exalt themselves, by depreciating the well-earned merit of others. There also may be some gratification afforded by looking forward for one welcome day of relaxation from the daily cares of a laborious and anxious profession.

Thirdly.—In the community of every district, town, and village, where medical men reside, there is always some leading feature which regulates the habits and forms the characters of medical men; and these are often so opposite, that it may seem incredible to those who have not thought upon the subject; for it is evident, that although this great discrepancy exists, we only differ in degree, and have all but one common object in view; therefore it is of some importance that this should universally be understood not only by medical men themselves, but by the community at large, which I am confident is not the fact, either in the one instance or the other. The exalted practitioner, who is favoured perhaps by fortune as well as merit, and exercises his skill amongst the aristocracy of the land, has no idea of the labour and fatigue of a rural practitioner, who is generally ill paid, if paid at all, and, in some extreme cases, is compelled to traverse his daily rounds on foot. On the other hand, the fashionable physician thinks little, if he should even be aware of the fatigues his junior brethren are exposed to in the conscientious discharge of public duties in large and densely-crowded commercial towns, where his daily visits may occasionally occupy from five to seven hours of his time, and his attention be called to fifty or sixty patients within that time, so that when the hours of labour are over, instead of enjoying a quiet repast, he may find bodily repose more desirable than a refreshing meal; and such was often the case with the individual who now addresses you.

Such persons, you may easily suppose, could not very conveniently attempt anything much beyond an annual visit to the branches; although they may have useful facts to convey indirectly, not unworthy of the most enlightened and accomplished men in the medical profession. Again, I would ask, is it possible for a statesman to know the bearings of any legislative measure, unless he is possessed of a knowledge of his subject in detail? and how is the enlightened physician or surgeon to know and convey that knowledge, unless he obtains it from those who frequent the haunts of disease, where its ravages are so often met with in an aggravated form, in dwellings where poverty and want are added to miserable suffering. This information, the branches of the Provincial Medical and Surgical Association are, I am confident, well calculated to afford, and may be converted into most important and extensive results. These branch meetings I then compare to the constant firing of small arms under the cover of greater guns, which we know are both essentially necessary to overcome a well-defended fortress, but which such reiterated attacks



will silence, if not subdue, the most powerful ramparts.

I am inclined to think that one of the greatest errors which we in the Newton Branch have committed, is that of expecting, if not attempting, more than was practicable; and when a project fails from over-zeal, it runs a great risk of being abandoned altogether; and then men shelter themselves under the phrase, of its not being sufficiently scientific, or the time allotted for such communications being too limited for any useful purpose; but I say, the great evil has been, that of expecting or attempting too much at first; when it is well known, that if we do not overload ourselves in the first efforts, a heavy burthen may from habit and time be made comparatively light. In proof of this, I may add, that a very laudable attempt has this last year been made to collect a statistical arrangement of diseases, to form a report from the Newton branch district, from which good results were anticipated, on account of our very extensive charitable institutions, and also of ample resources from rural practitioners; and circulars were issued to obtain returns agreeably to Mr. Farr's well-known classification, or, if they preferred it, for private practice, "a certain ratio upon a given number of the total number of cases;" as, for instance, for every 1000, 10 may be noted; but there was a sad lack of energy in the returns, and this I impute—first, to that of Mr. Farr's plan being too complicated without some labour and study, and that of the ratio of 10 in every 1000, I am quite sure, not being understood. We, however, still contemplate, and hope, that a modification of it, more simple, may produce some fruits.

For the last 30 years of my life, I have been in the constant habit of keeping an exact register of every patient's name, residence, sex, age, duration, and termination of the disease, all comprised in one line, as well as an history and extended notes of almost every case which has come under my care; with regular indexes to each volume, enabling me to refer in ten minutes to the number of each separate disease during that period, and which has been kept for my own private satisfaction, and without the prospect of going beyond it. Perhaps, however, it may not be unacceptable to this meeting, to know that I have found a great difference in the increased number of females in public practice, as compared with those in private, which may possibly be accidental. The proportion in public I find to be in excess about 290 in the thousand, but in private do not exceed more than about 90 in every 1000. This, however, ought not to be brought forward as correct data for a statistical report, unless it was balanced by those who have been engaged in the practice of midwifery, surgery, and diseases of children, more than I have, of late years; it may, however, serve to show, that some well-digested plan for each branch of the association to adopt, may lead to useful if not valuable materials to build upon for national information.

There are also many other points which may be noted, without being offensive to individuals, who may feel themselves aggrieved from any irregularities, which they themselves may feel unable to cope with, but which may have the advantage of a decision from their more experienced brethren.

The mode of remuneration, likewise, may form a useful subject for discussion and arrangement,

and may have been of important practical benefit under the late Vaccination Act.

Indeed, I could state many other points from which benefit would accrue by a union and comparison of ideas amongst medical men; but as these will present themselves, should the path of inquiry be opened, I will not weary your attention by extending these remarks.

## EFFECTS OF PRAYER AND CAYENNE PEPPER ON INFLAMMATION OF THE BOWELS.

YESTERDAY a lengthened investigation was gone into before Mr. Baker, the coroner, at the Royal Oak, Galway-street, St. Luke's, on the body of Elizabeth Morgan, aged 55 years, whose death was alleged to have been caused through improper treatment by unqualified persons.

Maria Walker, of 31, Cross-street, Islington, said she had known the deceased about twelve months. For some time past she had suffered from a spasmodic affection, and, on Tuesday week last, witness was sent for to attend her. Witness found her very ill, but no medical gentleman was called in, it being against the religious tenets of the sect to which the deceased belonged to do so. The sect to which she belonged styled themselves "The Church of Jesus Christ, and Latterday Saints," their place of meeting being in Castle-street, Cow-cross. They dated their origin from the apostles, and treated their sick according to the following text, taken from the last chapter of the epistle of St. James: "Any illness amongst you, ye shall call for the elders of the church, and anoint yourselves with oil in the name of the Lord." She (witness) had known cases of healing under such circumstances, but the deceased sank, and died on Saturday last.

Mary Ann Albin, Spencer-place, Goswell-road, wife of one of the elders of this foolish sect, said she was called to see the deceased on Tuesday morning, and from her appearance thought she was suffering from inflammation of the bowels. No surgeon was sent for. Witness administered some "sage-tea with cayenne pepper" in it; leeches and other remedies were also applied. Every thing was prayed over before it was given.

The coroner said the remedy appeared to him to be worse than the disease, and he hardly knew how to deal with the case, as he had his doubts whether it was not one of manslaughter.

Mr. D. Lewis of Bunhill-row, surgeon, said he had attended the deceased on a former occasion for a spasmodic affection, and had not the least doubt that if he had been called in on the present occasion, he could have saved her life. He had seen the body since death, which he should attribute to mortification of the bowels. Although the cayenne pepper was not the cause of death, it was the worst thing that could be given to her.

The coroner said, in his opinion the case was not strong enough to warrant a verdict of manslaughter being returned; but he trusted the publication of it in the papers would act as a caution to the members of this strange sect, and that they would see the necessity of calling in medical aid.

The jury, after some deliberation, returned a verdict of "Natural death," with a hope that the present inquiry would act as a caution to that body how they acted in such cases in future.—*Times newspaper*.

### ABOLITION OF CONTRACTS FOR VACCINATION.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—In the report of the anniversary meeting of the British Medical Association, given in your last week's number, I was pleased to find the abolition of contracts for the practice of vaccination there advocated; for nothing, I am convinced, is so likely to retard the general adoption of vaccination as the continuance of the present exclusive system.

I have reason to know that, in the neighbourhood in which I reside, some of the medical men, (of course not of the chosen few,) piqued, probably, at being deprived, by an injudicious act of legislation, of what was formerly rather a lucrative practice, have actually exerted themselves to persuade the ignorant not to submit to the operation at all; and I need not state how little argument is required to convince those who already entertain but too many prejudices against the measure.

Once throw the practice open to all *legally qualified* practitioners, and I will engage that in six months there will not be five hundred unprotected individuals to be found in her Majesty's dominions. Every medical man would then exert himself in his own particular district, and the vaccination stations, inconvenient in many respects to all parties, might be at once done away with.

For my own part, although honoured with an appointment, I would willingly relinquish it in favour of a measure which all must allow would be advantageous to the public, and, if I mistake not, satisfactory to the great bulk of the profession.

I consider 2s. 6d. for every successful case would be a fair remuneration.

I am, gentlemen,

Your obedient servant,

A COUNTRY PRACTITIONER.

Nov. 8, 1841.

### HINT FOR MEMBERS OF PARLIAMENT

AND

### POOR-LAW COMMISSIONERS.

THE author of the *Sketches of Italy*, published in the present month's number of *Blackwood's Magazine*, states that the town and commune of Spoleto pay three medical men for the purpose of attending to the poor. The first receives five hundred scudi, equivalent to one hundred and

twenty pounds per annum; the second four hundred scudi; the third three hundred. The same writer says that the town and district of Macerata employ four physicians, two surgeons, and four phlebotomists and cuppers. The salaries of these differ but little in amount from those paid by Spoleto. The population of Macerata does not exceed seven thousand. The interesting itinerary from which we take these facts, gives a very minute account of the rent of land and houses, and the price of provisions, in the districts alluded to. In Macerata, a very pleasant town, containing a theatre, a school of medicine, a public reading-room, &c., good family houses, ready furnished, may be hired for sixty or seventy scudi (about fourteen pounds) per annum. Oats are sold for 6s. 9d. per barrel; veal may be had at a sum per pound equivalent to 4½d. English; mutton for 2½d.; beef for 2d. The price of beans is 3s. 4d. for four and a half stones. It is evident that in so cheap a country the salaries are fully equivalent to 250l. and 200l. per annum in England, where provisions and the fodder for horses are so expensive. It appears, too, the Italians have not fallen into the mistake, *universal* in this country, of appointing but one medical attendant to districts so thickly peopled and extensive, that it is impossible the duty can be properly discharged.

### ROYAL COLLEGE OF SURGEONS IN LONDON.

*List of Gentlemen admitted Members on Friday, November 5, 1841.*—George Bransby, Andrew Chadwick Fenoulhert, William Freeman Daniel, John Hudson, Fredrick Ingoldby, Benjamin Evans, Robert Temple Frere, Francis Greenidge Browne, Robert Brown, Frederick Ranger, Robert Gee.

### TO CORRESPONDENTS.

The publisher of the *PROVINCIAL JOURNAL* begs to inform gentlemen desirous of completing their sets, that a new and improved series, containing Sir A. Cooper's papers, &c., commenced with the last volume, April 3, 1841. The back numbers from this period may be obtained through the medium of any bookseller or newsman in town or country.

Letters and communications should be addressed to *Dr. Hennis Green*, 58, Margaret Street, Cavendish Square. Letters connected with the Provincial Association may be addressed to *Dr. Streeten*, Foregate Street, Worcester.

Printed by THOMAS IBOTSON, of 105, St. Martin's Lane, in the Parish of St. Martin in the Fields, and GEORGE JOSIAH PALMER, of 20, Regent Square, in the Parish of St. Pancras, at their Office, No. 3, Savoy-street, Strand, in the Precinct of the Savoy; and published by JOHN WILLIAMS RUMSEY, at his Residence, No. 6, Wellington-street, Strand, in the Precinct of the Savoy.—Friday, November 12, 1841.



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## COURSE OF LECTURES ON PHYSIOLOGY AND SURGERY.

By JOHN HUNTER, F.R.S.

(From the Manuscript of Dr. Thomas Shute.)

### LECTURE XIV.

#### POISONS, (*continued.*)

THE natural animal poisons are given to animals for defensive and offensive purposes. For the formation of these they have organized parts, secreting and containing the fluid. The secretory and containing parts are not susceptible of the stimulus, although the other parts of the animal probably are, therefore it may be possible for the animal to kill itself with its own poison, which is said of the scorpion when surrounded by fire.

Animal poisons may be divided into two kinds, the natural and morbid.

Natural poisons act immediately; if they did not, they would be unfit for the purposes which they are intended to serve, that is, the defence of the animal.

Morbid poisons usually lie some time inactive. For natural poisons to have any effect, it is necessary that they come in contact and be inserted into a part. For if an opening is not made, they cannot act; therefore the opening and insertion of the fluid are generally made at the same time.

If the poison is laid on a part covered by cuticle, it will have no effect.

The natural poisons are received in two ways: by insertion and contact.

They are situated in some one part usually; but there is an animal called the Blubber or Meduca, which is said to poison from every part wherever it is touched. This animal poisons without any wound, merely by contact. It is the same with the ant, which poisons merely by the fluids coming in contact with the skin. The action of natural animal poisons seems in some degree to depend on the quantity inserted; for animals of the same species that are small do not poison so powerfully as those which are large.

#### *Changes produced by the action of Natural Poisons.*

The first symptom is pain in the part. The parts surrounding the wound swell very much from the extravasation of fluids; this extravasation arises from the sympathy of the surrounding parts with the wound. The blood sometimes extravasates, which causes the parts to appear livid. It is evident that this tumefaction arises from poisonous effects, and not from the wound; for the leech makes a much larger wound than some poisonous

insects, and yet we have no surrounding tumefaction.

The next effect is absorption, which may be traced by a red line from the inflammation of the lymphatics; the nearest lymphatic gland becomes swelled; this is succeeded by a cold shivering, then a hot fit, convulsions, and death. The lymphatics and glands may sometimes inflame from sympathy. There is a general swelling of the body, and a livid appearance, the blood becoming of a very dark colour. These wounds seldom suppurate; if they do, the patients generally live; but they are commonly killed by the effects of the poison before suppuration begins. The matter from the wound is not the same as the poison; if it was, it would be impossible ever to recover. The poisons spoken of are from the viper, scorpion, centipes, spider, wasp, and bee.

The bug and gnat poison as they suck their food. This is an extraordinary circumstance. I am inclined to think, however, that they do not suck red blood, but the extravasated fluids.

#### *On the Morbid Poisons.*

The morbid poisons have been known in the world but of late date comparatively; some of them arose, perhaps, from accident, others continually arise spontaneously in the constitution, as cancer and hydrophobia. Most of the morbid poisons have arisen within the date of history.

The number of poisons has been very much increased of late years, and new ones are arising continually. It is possible that in time these poisons may become so numerous, that the human race may be entirely destroyed by them. But it may happen that the human constitution may undergo such a change as not to be susceptible of many of these stimuli. The decline of the old poisons, or specifics being found for them, may prevent their extensive mischief. Some which arise spontaneously are not confined to their own animal, as the hydrophobia, which every animal appears capable of receiving, though its spontaneous origin is only, perhaps, in the dog. The other morbid poisons appear to be confined to the human race. Some affect the constitution, others only a part. Some are received by effluvia, and are so diffused that one person may affect a whole continent. Others by contact, as the venereal, which, from its manner of being received, spreads almost as rapidly as those by effluvia. The smallest quantity of these poisons affects the constitution as much as the greatest, because they have the power of converting the fluids into similar poisons with themselves. The morbid poisons are not so active as the natural. Their quantity does not appear to increase the disease.

Many of them cure themselves, otherwise they never could be cured, because we have no specific. The small-pox terminates by pustules which contain the variolous matter; if the constitution

was susceptible of this stimulus a second time, the absorption of the matter would produce it again, and after it had gone through the same stages, it would be again absorbed, and thus continue for ever. They arise from a morbid action, and not from a putrefaction of the fluids. They are communicated in the form of vapour or a fluid.

They may be divided into two classes.

The first class is local, such as do not poison the constitution, but the surrounding parts keep running into the same disease; this class admits of two divisions—the first, such as are capable of infecting any part, as cancer; the second are those which only affect the skin, as the itch.

The second class may be divided into two; the first affecting the constitution by contact, as the plague; the second by effluvia, as the jail fever. When the constitution is affected by particular poisons, its mode of action is, perhaps, the same in all; that is, however different the poison may be, the action of the constitution at first will be the same. The beginning of all fevers is the same. When it has gone through the constitution, it will produce its particular or specific effects afterwards, as the eruption in the small-pox, chicken-pox, &c.

#### THE ITCH.

This is a poison of the first class of the first division. It is always confined to the part where it is applied, producing specific ulcers and specific matter. The common people are most subject to this disease, probably from want of cleanliness. Cleanliness prevents it; if it did not, surgeons and physicians of hospitals would have it continually. When people of a certain rank get it, it is generally universal, from their receiving it by lying in sheets not perfectly clean. Common people generally receive it first in their hands, which if they washed frequently would prevent it.

Sometimes a child will give it to a family.

From its being so much among the poor, and those who are particularly dirty, it has been supposed to arise from nastiness. Among such it is most frequent, because when they receive the matter, it is not prevented from taking effect by being washed off. When the skin is washed soon after it has received the matter, there is no danger of its infecting; therefore it is perfectly safe to handle persons with the itch, if the hands are washed soon after.

It is supposed to arise from animalcule: such may have been found in the matter, but they are not the cause of the complaint, for I have repeatedly examined the matter with microscopes, but never could see any.

The disease may be communicated by applying it to a sore. There are many parts which will not, perhaps, admit of it. It generally occurs where the cuticle is thinnest. This may be from two reasons: one is, that the thickness of the cuticle may prevent its taking place; the other, that such parts being projecting, the matter may be rubbed off. It therefore is generally between the fingers and in the flexion of joints. Although it is a specific disease and a poison, it may be cured in several ways, and by medicine whose actions are not at all similar. It is not so with respect to other specific diseases. Mercury will cure it, though not always. Frictions sometimes will not cure it, although a girdle frequently will. Solution of corrosive sub-

limite frequently cures; and it is said the same of hellebore. Sulphur made into an ointment is the greatest specific. But by becoming volatile it smells very disagreeably. When taken internally, it will cure; but then it must be taken in so large a quantity as for the sweat to smell of it. It frequently purges, but opium may be joined with it to prevent this from happening.

#### LECTURE XV.

##### THE VENEREAL DISEASE.

This disease is compound, sometimes affecting the constitution, at other times locally. The poison is only known by its effects. It is impossible to say in what manner it will poison. It may be either by chancre or clap. It is always communicated in the form of pus; vapour will not communicate it. It must always be applied in a fluid state, or rendered so by the part to which it is applied. It arises with inflammation, and can only be communicated by matter containing the poison. When it is applied to a sound part, the latter cannot communicate the disease until it forms pocked pus.

It affects the body in two ways, locally and constitutionally. Of the local there are two kinds; one without ulceration, the other with the clap and the chancre.

The effects of these are the same, the difference only arising from the nature of the parts. One part (as the urethra) can form matter without ulceration, being a secreting surface; the other cannot, until it has ulcerated. The irritation increases the secretion to throw off the offending matter; but it cannot wash it off when poisonous, because it is producing the same. That is, the irritation being specific, the inflammation produced is specific, consequently the matter is of the same kind.

The application of matter to a sore is another way of receiving it; this at first makes a kind of clap, by increasing the secretion, and afterwards it becomes chancreous. But the continued application of this matter does not perhaps keep up the disease, it being of a similar disposition. Its mode of action being specific, it will go through its different stages before it terminates. Some specific diseases have no termination.

Applying it to a wound would be a more certain method of infecting the part,\* as in the small-pox and hydrophobia. When applied to all internal surfaces, it will there produce a clap. On opening such, the part appears blood-shot, the lacunæ filled with matter, but no ulceration. It produces a clap on all sine-cuticular surfaces. Whether there are any parts particularly susceptible of the disease is not certain. In a chancre the virus can only be removed by escharotics.

The second, locally affecting a part, is when the matter is applied to the skin, it ulcerates, and produces a chancre. In both, the matter has the same properties, either of them being capable of producing both. If applied to a wound, it produces a chancre; if to a secreting surface, a clap.

\* When applied to a part that is suppurating, as an ulcer, it is very liable to be washed off. An ulcer, however, appears a more easy part for absorption to take place at than a wound, which may be observed from what happens in other poisons, as the small-pox from circulation.



It appears extraordinary that the two forms should not be joined in the same person. That is, as the matter of a clap is in continual contact with the glands, why it should not produce a chancre, and *vice versâ*? Sometimes a chancre will appear after a clap, and *vice versâ*; but then probably they have both been received from the original giver, only appearing at different periods of time. When the disease has set down on one part, it seems to prevent its taking place in another.

It is capable of being taken into the constitution from the internal surface, and from an ulcer. I have proved the last fact by experiments which I have frequently made; and in some cases I have found it taken into the constitution without producing any local effect at first. But probably it does not contaminate the fluids, nor any of the secretions, and can only contaminate those fluids which are secreted from a sore, which is venereal. It is sometimes said that the milk will infect a child, but that I do not believe, unless there are ulcers. Nor can the breath infect.

§ This venereal poison cannot infect any one, probably, when received in the stomach, it being there digested.

A gentleman who had some very virulent chancres, used to wash his penis in a cup of milk with a bit of lint, which he left at the bottom of the cup. A little boy in the house once stole the milk and drank it; whether he swallowed the lint was not known. No notice was taken of this, but the boy was secretly watched for some years, and he never had any venereal symptom.

Another gentleman who had a very virulent clap and chordee, used to keep by his bed-side a basin of milk and water, for the purpose of washing and cooling the part. During this time he had a girl to sleep with him, who used to have a basin of tea to drink in the night; by mistake she drank the milk and water instead of the tea, and did not discover it till four hours after; I was sent for, and I gave her ipecacuan, which vomited her in two hours. Nothing was brought up but a small quantity of slimy fluid, the milk having been digested. The fetus is not infected in utero, nor will the blood of a poxed patient infect by inoculation.

This disease never interferes with any other, that is, never degenerates into another. When it is in the constitution, it produces many local effects; ulcers of its own kind, but perhaps the matter of these is not venereal. Although this disease never interferes with others, yet other causes will frequently produce similar appearances.

The three stages of this disease never interfere with one another; nor do they in the cure. The cure of one is not retarded by the presence of another; therefore, if a patient is clapped who was before poxed, either of these may be cured separately from the other; the pox not increasing the clap, or interfering in the least with it in the cure; and it is the same if there should be a clap and chancre. The presence of one seems to prevent the irritation of the other, otherwise, perhaps, we should never have a clap without its discharge producing chancres, nor chancres without their producing a clap, as the matter from them may easily insinuate itself into the urethra.

The venereal disease keeps perfectly distinct from all others, never degenerating into another disease:

yet many of its symptoms are so like the symptoms of other diseases, that it is impossible almost to say what the disease may be; therefore, to judge properly, a great number of circumstances must be considered. Some irritating matter placed on the urethra will produce a clap, and upon the skin a chancre, though not venereal: the matter by being absorbed may produce blotches. Rheumatism will cause pain in the bones, swelling of periosteum, fascia, &c., similar to venereal.

The venereal inflammation is a specific inflammation, and is, like others of a specific kind, always circumscribed. It is the same in the small-pox, the surrounding inflammation of the pustules never extending far, except in the confluent, which then becomes another disease. The virus is carried into the constitution by absorption; which may be from a sound surface, an inflamed surface, or an ulcer: it is not absorbed from a wound until that wound ulcerates, becoming a chancre. The matter when lodged on the skin produces local inflammation, and nature, to get rid of the irritating matter, recedes, that is, ulcerates, and endeavours to wash off the offending matter by suppuration. Suppuration can only be performed by first ulcerating on those surfaces which are not secretory. Those ulcers which are produced from the virus in the constitution are probably not venereal; that is, the pus from them is not, perhaps, capable of communicating the disease.

#### VIRULENT GONORRHOEA.

When the virus is situated on a secreting surface, it can only last a certain time, it wears itself out; this is not peculiar to this disease, it is the same with many others. The ague often cures itself by time, the constitution at last not being capable of affection from that stimulus.

A part being continually teased with one stimulus in time, by habit, loses the power of being affected by it. Thus it is, that all claps, without one exception, will in time cure themselves. This irritation, when produced in a part, cannot be increased by the application of new matter; if it could, its own matter would increase it, that being infectious; nor can the duration of the disease be prolonged by the addition of new matter; therefore it is impossible to get clap upon clap, although a man were connected with an infected woman every day.

Nor is it probable that the patient is capable of infection immediately after he has got rid of the disease, the parts not being then susceptible of that stimulus; and if he was from that time to continue his connexion with infected women, he would probably never be susceptible of the disease. But if he should discontinue such connexion for some time, the parts would again become susceptible of the stimulus, and he would catch the disease. When the disease is set down on a part, it cannot be increased by its own matter, or the addition of fresh virus: nothing can increase the discharge, but that which can increase the disposition of the part to be irritated by the virus. A sore cannot be stimulated by its own matter; the matter being of the same disposition as the sore, therefore it is unnecessary to wipe away the matter; that being as good as any application. The poxed matter of a chancre cannot irritate that ulcer, nor even the application of poxed matter from another person; nor could such application

retard its healing. A man who is constantly on the town will, perhaps, receive no injury for years, yet if he should go into the country, leaving off that habit for some time, and afterwards return to the town, probably the first injured woman he has connexion with would infect him.

The symptoms of a recent case are more violent than those which proceed from a pox. The recent inflammation of the urethra will be almost intolerable, whereas the inflammations on the skin from venereal eruptions are frequently so mild, as to remain in small copper-coloured spots for months, without coming to suppuration. If it were possible to keep a bubo in a state between resolution and suppuration for a length of time, it would possibly become so habituated to that state as never afterwards to be resolved.

The vagina does not seem so susceptible of the stimulus as the urethra. A married man met with a girl whom he had formerly kept; he had connexion with her, and she clapped him. He put her and himself under my care; during her cure he had frequent commerce with her, and continued such connexion for three or four months, at the end of which time she went into keeping with another, and the consequence was that she clapped the second person, although she did not appear to have any disease remaining. She put herself again under my care, but neglected to do as I directed; her keeper was cured by another. They continued their intercourse with each other for near twelve months, without any appearance of disease, when she again met with her first lover by accident, and clapped him again. This shows that the vagina is not stimulated so much as the urethra, and that the habitual stimulus does not produce the disease: but that the discontinuance of such habit restores the parts to their former irritability, and that they then become susceptible of the stimulus.

This case shows how great a length of time the disease will continue after all inflammation has ceased.

This inflammation seldom extends further than the parts which received the infection. Most specific inflammations are very circumscribed. The surrounding parts sympathize very little with specific inflammations. Common inflammation is generally more diffused.

When the virus is in the constitution, its irritation is eternal; there never was an instance of the disease wearing itself out; that is, of the constitution losing its susceptibility of irritation from habit. The consequence will be according to the constitution, and not the matter. When the disease is in the constitution, there are some parts more susceptible of the disease than others; whether this depends on the situation of the parts or their nature, is not quite certain. The parts most susceptible appear to be the skin, tonsils, inside of the mouth, nose, and throat. The next in degree of susceptibility are the periosteum, fascia, and bones. Those parts which are most exposed to heat and cold appear most susceptible of the stimulus. Cold has very powerful effects on the body, disposing it to receive the stimulus. When the poison is weak, it then attacks the most exposed parts; when it is stronger, it then attacks the deeper-seated parts, but in these it always attacks that part which is nearest the surface, therefore we always have the node on the tibia upon the fore part. It may be said that the fore-

part of the tibia cannot be actually colder than the back part; that may be true, but still from its situation it will be easier acted upon by the cold, and that will make it more susceptible. Although the periosteum on the fore part of the tibia may be equally warm with that on the back part, it may be sooner affected from its more readily sympathizing with the skin. I have made some experiments which show that deep-seated parts will become some degrees actually colder from the external application of cold. It is not the situation alone of a part which causes it to receive the stimulus; if so, we probably should have nodes often on the ankles, from their being situated so near the surface, which does not happen. This happens because the hardest parts of bones are only attacked with this disease; but then, the periosteum is not exempt from the disease, and that, from its nearness to the skin on the ankle, would probably be attacked. This can only be accounted for by supposing that the periosteum covering a soft bone differs from that which covers a hard part; the appearances of both are the same; the difference may arise from their taking on the same disposition as the part they cover. Climates influence the constitution very much in this disease. In warm climates it attacks the superficies, and seldom the deeper-seated parts. Whether the blotches on the skin arise from an attempt of the constitution to remove the disease, is not known. All sine-cuticular surfaces, that is, internal surfaces, may be clapped, as the inside of the nose, eyelids, ears, anus, &c. A man has had a clap in his eyes from washing them with his urine when he was clapped.

## CASES

FROM THE EARLY NOTE-BOOKS OF THE LATE

SIR ASTLEY COOPER, BART.

EXTRACTED WITH PERMISSION OF B. B. COOPER, ESQ. F.R.S.

No. XIII.

HÆMORRHAGE FROM THE NOSE.

I OPENED the body of —, who had died of hæmorrhage at the nose. Attempts had been made to stop the bleeding, but without effect; and on the third day after the commencement of the attack, she died.

Upon examination after death, much coagulated blood was found in the nose. The bleeding had arisen from the membrane under the inferior turbinated bone, in which there was a small ulceration about the size of a pin's head, surrounded by inflammation.

INJURY OF HEAD, WITH LOSS OF CEREBRAL SUBSTANCE.

A highwayman fired a pistol into his left orbit, and the ball, after passing through the brain, came out through the coronal suture on the left side. He did not fall, nor was he senseless, but was able to walk to his ward in Guy's Hospital, into which he was admitted.

He lost a very considerable quantity of blood from the temporal artery. The accident happened about four o'clock A.M.



Morning.—Two pieces of bone were removed from the head; he was sick several times; has had no stool; takes only a little fluid to moisten his mouth.

Evening.—Pulse 140, small; still perfectly sensible; his lips tremble; his right side partially paralytic.

Next day.—Pulse quick, small; has been sick; has had stools under him; his urine is also discharged without his calling for assistance. His whole body has been from the first very pale; he says that he feels pain; he is very restless at times, but has no signs of delirium.

On the following day he had some rigors; was in the same state with respect to his urine and fæces; his mind still perfect, but was restless in a greater degree.

The next morning, at half-past seven o'clock, he died. For three hours before this event he groaned piteously, was very restless, but was still sensible.

*Dissection.*—On opening his head I found that the ball had entered the brain through the orbital process of the os frontis, and had gone out of the head through the coronal suture. Three ounces of the brain had been lost.

The left hemisphere was inflamed on its anterior part; there was some pus on its surface. The anterior half of the left eye had been cut off by the ball.

Some wadding was found in the brain.

#### REMARKS.

It appears from this and other cases, that a wound of the brain attended with great loss of its substance is not followed by loss of understanding; so that the powers of the mind seem not to depend so much on any particular parts of the brain, as upon a certain action supported by the organ. Slight pressure interrupts this action, but a wound suffers it to go on in all other parts.

A wound of the brain proves fatal by the inflammation which succeeds it; if much blood is taken away, the patient's death is more slow.

If there were a probability of the patient's recovery from the ball having passed out, and little of the brain being torn, still the wadding may prove destructive from remaining in the part, and acting as an extraneous body.

#### HYDROCELE.

Mr. — removed the tunica vaginalis in a hydrocele. This is an exceedingly severe operation; the symptoms ran high; the pain at the time was very severe, and the pain and inflammation afterwards extremely so also.

I injected the hydrocele of —, using two parts of wine to one part of water; this man suffered some pain at the time, but the inflammation afterwards was too slight. I ordered him to live well, and the inflammation increased, but not sufficiently. I then ordered him to take exercise by walking about, which still further increased it, and in three weeks he was well.

A man in Cross Ward had a hydrocele which I injected; the pain he suffered was inconsiderable, but he afterwards had a great deal of inflammation, which made it necessary for him to keep his bed; the swelling was gone in a fortnight, and he was discharged cured.

#### VENEREAL SORE NOSE.

Mr. —, was attended with a venereal sore in his nose, and two openings formed for the discharge of bone, and two small pieces came away. The whole nose, however, still swelled, became more inflamed, and a hole was forming in the fore part, when I thought it necessary to introduce a pair of forceps within the nostril, and take away whatever piece of bone I could find there loose, and I removed the nasal process of the superior maxillary bone. This is right—it will often prevent the hideous deformities we sometimes see.

#### ENLARGED SPLEEN, &c.

Friday, Nov. 7.—I opened the body of Miss —, aged 25. She had been accustomed for two years to attacks of spasm, and had perceived a moveable swelling under the ribs of the left side.

After a fit of vomiting, the functions of all the viscera of the abdomen were stopped. The body swelled, and was tense, and she lived for eight days in excessive pain, when she expired.

Upon opening the abdomen, the spleen appeared projecting from the cavity of the pelvis to the lower part of the abdomen, just above the pubes.

The whole of the upper part of the abdomen was occupied by the stomach, which was dilated to the size of the uterus at seven months' pregnancy, and was full of liquid matter—in part, what she had been taking—in part, the secretion of the organ.

The vessels of the spleen had been coiled by six turns of the organ into a spiral form.

The pylorus was not larger than to admit a common adult catheter.

The intestines were sound.

#### REMARKS.

This case was one of enlarged spleen, which in the act of vomiting had been torn from the diaphragm, and fallen into the cavity of the pelvis. Here, by the peristaltic motion of the ilium, very probably it was moved around so as to coil its vessels, and to interrupt the return of blood through the splenic vein. Its weight made the stomach descend, and the pylorus being drawn became contracted, for there was no appearance of scirrhus contraction. This became an impediment to the passage of the food, and the stomach became immensely extended.

#### TESTIS WASTED.

Hernia humoralis is sometimes followed by a wasting of the testis.

Mr. —, Nov. 5th, consulted me respecting a bubo which he could not get to heal, and I observed that he had only one testis. He informed me that he had had a hernia humoralis eight months before during a clap, and that the testis had remained hard and enlarged for some time, and then gradually diminished, and it was not, at the time I saw him, larger than the point of the little finger.

#### STRANGULATED HERNIA.

Nov. 27.—I was called in, in the evening, to see Mr. — of Bermondsey-road, a patient of Mr. —. He had a hernia which had been strangulated from the evening of the 23rd. The herni

was in the left side of the scœtum. His age was 64. On the 24th he had violent vomiting, had no stool, but his pulse was not affected. He had not much pain in the tumor or abdomen.

On the 25th the sickness was incessant, but still his strength kept up; his pulse was but little quickened; and the abdomen was not tense. On the evening of this day he had some hiccough.

On the 26th the belly became tense; the pulse very frequent; he seemed excessively low; was still sick, and had frequent hiccough.

On the 27th he was more low, but was only sick when he was moved; his pulse 120, and small; belly tense; voice low and feeble; mouth dry.

Operation employed, as all the common means had been employed without success. Intestine down, which felt cold, but little discoloured.

The stricture as firm as cartilage.

Pulse rose after the operation, and the body became warmer than before. No stools, however, followed, nor did the tension of the abdomen decrease.

On the 28th, his pulse 140, and very small. At noon he died.

On inspecting the body, the intestines appeared generally inflamed, as much so as the portion of the colon which had protruded.

This man died from the operation being too long delayed.

In an old man, where there is appearance of sinking, the operation never succeeds, although it does sometimes in the younger.

## CASE OF ACUTE LARYNGITIS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—I beg to forward the history of the following case of acute laryngitis, and if you consider it deserving a place in your pages, you will thereby oblige your obedient servant,

JORDAN ROCHE LYNCH,  
M.D. M.R.C.S.L.

Medical Officer of the West London Union.

John Whaler, aged 53, a labourer, lodging at 56, West-street, a very powerful man, of temperate habits, latterly had suffered severe privations from want of employment. He was attacked, after exposure to wet, about noon on the 3rd inst., with pain, tenderness, and sense of constriction of the larynx; he went home, and applied in the evening for a relieving officer's order for medical assistance. I attended on its receipt, and found him labouring under all the symptoms of acute laryngitis.

The face was flushed; the skin hot; the pulse full and hard; countenance anxious in the extreme; the eyes staring; the nostrils raised; the voice reduced to a whisper, and articulation very difficult. The long deep shrill stridulous inspiration was so marked as to be heard outside the room, and so characteristic, that if once heard, it can never be forgotten. On examination of the fauces, there was no appearance to indicate the extent of mischief going on, but there was great tenderness along the larynx. He was bled to 5xvi.

The blood dark, thick, and flowed *pleno rivo*. As he had been reduced by insufficient nutriment, I was cautious as to the quantity abstracted. He was ordered hydrarg. chlorid. 5ss.; pul. opii. antim. tartar. aa. grs. ii., to be divided into six powders, one every half hour. I saw him again in an hour. No relief had been experienced. The act of swallowing caused convulsive fits of coughing, with frequent attempts to bring up a thick ropy mucus; difficulty of breathing increased; very restless, and every four or five minutes changing his position, in the vain hope of procuring ease. If he tried to lie down, he started up immediately, gasping, and in the greatest agitation, respiration every moment becoming a more convulsive struggle. I again bled him to 16 ounces, from which he expressed some slight relief; a copious perspiration burst out on head and trunk; the pulse became softer, and I began to hope for some mitigation of the intensity of the attack. The dysphagia, however, was so great, that he could not swallow a drop of water.

After turning out with some difficulty several of his friends who had flocked around his bed, and opening the window to cool and purify the atmosphere, I ordered twelve leeches to be applied, with mercurial inunction in both axillæ; I then called on my friend Mr. Waltham, one of the house-surgeons of St. Bartholomew's Hospital, in whose judgment, from his indefatigable pursuit of science, I have a high opinion, and requested him to accompany me, as I resolved upon performing bronchotomy.

On Mr. Waltham seeing him, the pulse was soft and full, with profuse diaphoresis; the breathing and other symptoms as urgent as before. Mr. Waltham suggested the propriety of removing him at once to the hospital, in order to give the benefit of a warm-bath, and of better attendance after the operation. I consented to this arrangement.

On admission, he was seen by the resident medical officer, Mr. Harlock, who prescribed the warm-bath, and twenty leeches to be applied to the throat, with hydr. chlorid. ʒi.; pot. antim. tart. grs. iii., to be divided into six doses, one to be taken every half hour.

At ten o'clock the next morning there was not the slightest amendment; on the contrary, the patient was much more depressed; the difficulty of breathing continuing in the same state as when he was admitted. At 11 o'clock Dr. Roupell saw him, and promptly decided on the necessity of an artificial opening to his lungs being made; but before the arrival of the surgeon, which was not more than an hour and a half after the decision, a great change for the worse came on, so that while his trachea was being opened, he was expiring; artificial respiration was kept for some minutes after the operation, but without avail.

I attended the post-mortem examination. Dr. Roupell gave a short and very accurate history of the case. Mr. Paget carefully removed the larynx and pharynx. The following appearances presented themselves. The epiglottis was erect, thickened, and in such a state as to be incapable of protecting the glottis from the contact of matter passing into the pharynx. The mucous membrane was of an uniform dark-red colour; the folds forming the rima glottidis were very much thickened, and effusion had taken place in the submucous tissue,



and beneath the fine lining membrane, which is reflected over the thyro-arytenoid ligament, and which sinks in between the superior and inferior ligaments, forming the ventricle of the larynx; in this situation, the matter effused appeared to be sero-purulent. On bringing the sides of the chink of the glottis in contact, the natural opening was completely obliterated by the thickening, which prevented respiration, and was the obvious cause of death. There was no false membrane; it was clearly that form of disease to which the term laryngitis is properly restricted. I should have stated that the lungs were congested in the lower portion of the lobes, and the superior portion was filled with air, but not emphysematous.

REMARKS.

The prognosis of acute laryngitis is always unfavourable. Dr. Cheyne considered it the most fatal of all inflammations. The only hope, in many cases, is in giving relief by the operation. Upon this point, however, there exists much difference of opinion among medical authorities. Dr. Baillie was of opinion that blood-letting was of no use, and that tracheotomy should not be resorted to within less than thirty hours. In this case, death relieved the patient of his sufferings in less than that time. Dr. Armstrong mentions two cases that terminated fatally in seven and eight hours.

Mr. Lawrence says that bronchotomy should be performed as soon as the symptoms enable us to decide upon the nature of the disease, and wisely makes the condition of the patient more the criterion than the period of the attack.

Louis observes, that as long as bronchotomy is considered an extreme measure, it will be performed too late.

Drs. Mackintosh and Elliotson are in favour of the operation, but recommend previous trial of venesection and mercury.

This is very good advice in the first stage, before effusion has taken place; but in such a fell disease, when the sentinel of the portal of life is being overpowered, delay is death. The danger from the operation cannot be compared with the danger from the obstruction to the breathing, which it is calculated to remove. It is of no use to have recourse to it when the face becomes livid, and the faculties obtuse, from the circulation of black blood on the brain. The operation of bronchotomy is less liable to add to the irritation than that recommended between the cryoid and thyroid cartilages. It is also of a more simple nature. It is further removed from the seat of inflammation, and the mucous membrane is here endowed with less sensibility.

Some time ago, in a case in some respect similar to that just detailed, I cut down upon the trachea, in the manner described by Mr. Lawrence in his lectures, and introduced a very short canula, nearly approximating to the shape of that of M. Bretonneau, a description of which is given in plate 25, fig. 4, of M. Bourgery, and persevered with calomel and opium, and the application of leeches to the fauces, although the canula caused a good deal of irritation. The opening closed on about the 18th day, and the patient recovered.

In every case, as soon as the nature of the disease has fully manifested itself, bronchotomy should be performed; or an excision of one of the

rings of the trachea, as described by Sir P. Cramp-ton, should be made.

The tenderness of the larynx, and the peculiar inspiration, quite different from the hoarseness which often accompanies severe bronchitis, and which is caused by inucus or catarrhal inflammation, are the two pathognomonic signs quite sufficient to justify the use of the knife, and afford to your patient the only certain means of saving his life.

Medical men are, by their exposure to vicissitudes of temperature, peculiarly liable to this complaint; several of the greatest eminence have died of it. They should be always mindful of the saying of an old and great authority—"Celerrime intereunt cynanche laborantes, nonnunquam et antequam medicum accersiverint."

9, King-street, Snow Hill, Sept. 14, 1841.

AMAUROSIS CURED BY STRYCHNIA.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—The following case is a short history of amaurosis occurring after sudden grief, but where other causes appear to have concurred in the production of the malady. Considerable relief was obtained by the repeated application of leeches, and the cure completed during the administration of strychnia.

If it be worthy of a place in your pages, I shall feel obliged by its insertion.

Yours respectfully,

J. NOTTINGHAM.

Liverpool, Nov. 15, 1841.

William McCole, aged 26, robust, eyes and complexion dark, a shoemaker, working constantly upon the polished or patent leather, "always enjoyed good health until the beginning of August last."

In this way he speaks of his previous health, but from more careful inquiry it appears that he has been subject to frequent epistaxis from the left nostril during the last six years, bleeding "on the average not less than once a week," but that a few weeks ago this periodic hæmorrhage ceased.

He remarks that he has been in the habit of attending to the state of his bowels, and of taking occasional purgatives; and although he has worked with the polished leather during the last two years, his eyes were never made uneasy, or pained, by its dazzling surface.

In July last, in consequence of the sudden death of his father, great anxiety about a family, numerous and unprovided for, was all at once brought upon him.

He describes his grief for the loss of his father, and his despair for the future prospects of his family, as having been exceedingly oppressive, and he himself regards these as the main cause of his malady; and it would seem that, taken together with the suppressed hæmorrhage above mentioned, they may account for the phenomena about to be detailed.

August 20, 1841. He applied to me with the following symptoms: Anxious expression of coun-

tenance; great pain in the right temple; feeling of stiffness and difficulty in rolling the eye-ball; so that he was induced to turn his head in preference to moving the eye; no appearance of increased vascularity in the organ; pupil a little dilated, the brightness of the eye somewhat less than in that of the opposite side. Vision of the right eye remarkably indistinct; he sees as if "through a thick mist." The left eye is but slightly affected. Pulse natural; tongue somewhat furred.

He was directed to take an emetic draught; afterwards a few doses of sulphate of magnesia, to apply ten leeches to the temples, and a large blister to the back of the neck; to shade the eyes, and occasionally to use warm pediluvia.

24. With regard to the pain in the temple and eye-ball, he is much relieved, but I cannot observe any improvement in his vision. To repeat the application of leeches once every ten days, and to continue the aperient.

No deviation from the above treatment took place until the beginning of October, when vision in the right eye was somewhat improved. Depletion was now discontinued, but the state of the digestive tube attended to, and a pill containing one sixteenth of a grain of strychnia ordered to be taken twice a day.

After fourteen days, as the above dose of strychnia had not produced any disagreeable symptoms, and gradual amendment continued, the quantity was increased to one-eighth of a grain twice a day, which he proceeded with during another fortnight.

November 15. He is now quite well; the eye with the same aspect, and the pupil of the same size as the other. During the administration of the larger doses of strychnia, the remedy produced some of its ordinary effects on the system, such as a thrilling sensation in different muscles, &c.

The depletion was left off when it was supposed to have produced sufficient effect on the vascular system of the eye, and I am disposed to regard the strychnia as having stimulated an injured retina, and consider it to have been not the least influential half of the treatment.

There was no intolerance of light, or other symptom inducing me to regard this as a case of acute retinitis, and in the treatment by strychnia I did not overlook an expression in the valuable work of Mr. Hocken, that "no possible benefit can accrue, but rather harm, from the indiscriminate employment of this potent poison in inflammatory or congestive conditions of the retina, or in those lesions of structure which are the necessary consequences of the state of hyperæmia."

## DIFFUSED BRACHIAL ANEURYSM.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—If you think the following worthy of insertion in your journal, it is at your service.

Your obedient servant,

DAVID KINNARD.

Lambourn, Berkshire,  
Nov. 12, 1841.

Charles Avenell, æt. 68, yeoman, was bled for iritis, in July 1841, by a neighbouring practitioner, who had the misfortune to puncture the brachial artery, and not being aware of the accident, although he had some difficulty, by means of a compress, to stop the bleeding, left the patient; he was summoned to the man on the next morning, when he found him in much pain, and the arm very much swollen; he became alarmed at his state, and met a neighbouring practitioner in consultation, who fancied the case to be one of phlebitis, for which they administered saline aperient medicines and cold lotions without any relief, as the arm became very much swollen. Dr. B. was then called in consultation. At his first visit he did not discover the nature of the disease; but at his second or third visit discovered it to be aneurysm. The arm was now banded up from the fingers to three or four inches above the tumor. This treatment was continued for nine or ten weeks without diminishing the tumor, or mitigating the disease. The son of the patient, and also the patient himself, now wished that I should see him, as I had attended him on a previous occasion. I saw him on the 2nd of September, and explained to him the nature of the disease, but could not get the consent of himself and family to submit to the operation before the 19th of September, when my patient wished Dr. B. to meet me, in order to perform it. Dr. B. and I could not agree as to the precise operation which should be performed. Conceiving it to be diffused aneurysm, I wished to open the sac, clear out the coagulum, and tie the vessel above and below: but Dr. B. insisted on the ligature being applied above the sac, on the inner side of the biceps. With reluctance I submitted, and operated according to his wish. For the first two or three days the sac became rather diminished in size, but on the fourth day the pulse at the radial artery was felt very distinctly, and from that time the tumor began to increase in size, and the arm was very painful; the integuments were now discoloured and very thin over the sac, and I was afraid of the latter rupturing.

On the 8th of October I made a longitudinal incision of about nine inches long, beginning two inches above the superior, and terminating an inch below the inferior part of the tumor; the fascia was exceedingly thin, particularly at the point where the puncture had been made. I divided it along the whole length of the external wound, and took out twelve ounces of coagulated blood; the vessel was then seen very distinctly, and, on removing the pressure from the artery above it, bled very profusely from the puncture. I then passed the ligature above and below the puncture, and I tied the vessel above the orifice, but this did not stop the bleeding. On the second being tied, however, it immediately ceased. I did not divide the vessel between the ligatures. The wound was dressed in the usual way, the arm and hand wrapped up in warm bran and flannel, and friction was directed to be used frequently. Nine hours after the operation, the pulse was perceptible in the radial and ulnar arteries; the hand was warm, and the patient enjoyed two hours' sleep; his spirits were good, skin moist, and there was no uneasiness or pain in the arm, with the exception of slight numbness in the fingers.

9. Has passed rather a restless night; pulse



94; the arm warm; feels languid; skin moist; urine high-coloured, and depositing lateritious sediment; the arm and hand rather swollen. Used the antiphlogistic treatment.

10. Better in all respects; the swelling subsiding; the numbness less; pulse in the radial and ulnar arteries stronger, but less frequent.

11. Pulse 74; skin moist; limb warm; removed the dressing; wound looking healthy, and discharging good healthy pus.

12. Pulse 74; feels languid; bowels constipated; urine of a good colour; tongue clean; no fever. An aperient mixture was given, which produced great relief.

13. Pulse 70; patient feels very weak. To have beef-tea and decoction of bark, with aromatic confection.

14. Much better. Bark continued.

15. Pulse 70; wound healing fast; the discharge is a good healthy pus; appetite improved. Allowed chicken, wine, and porter.

16. Much better; the upper ligature came away this morning.

18. Pulse 74; wound nearly healed: the second ligature has come away; the state of the arm, which from its position was very crooked and stiff, is much improved, and he can flex the joint with greater ease.

25. The wound is quite healed; the arm nearly of its usual size; no numbness in the arm or hand; the fingers rather stiff, but can flex them much better.

In six months after the operation the patient could use a dung-prong, and his arm and hand are now nearly as straight and strong as ever.

## EXTRAVASATION OF URINE.

### SLOUGHING OF PENIS AND SCROTUM.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—Should you deem the following case of sufficient interest to occupy a page of your valuable Journal, I would beg the favour of its insertion. It appears to me valuable, as showing the restorative powers of nature under apparently hopeless circumstances.

I am, gentlemen,

Your obedient servant,

J. MAJOR BROWN, M.R.C.S.

Kineton, Warwickshire,  
Nov. 10, 1841.

R. R—, æt. 56, a man of robust form, but formerly intemperate habits, and who had suffered for many years from difficulty in passing water, came under my care on the evening of August 25th, 1841. He had passed no water for three days, when he was brought a distance of five miles to Kineton, in a common cart. When visited, his sufferings from retention of urine were very great; bladder enormously distended; penis very much swelled, in a state of erection, and infiltrated with fluid; scrotum also very much swelled, and evidently distended with fluid, the whole parts in a high state of inflammation. All

attempts at passing a catheter failed, the instrument at once and without effort passing into the scrotum, distended with fluid, and presenting at the skin. The case was a clear one; the urethra had given way, causing effusion at this part. A free incision was made into the scrotum, where the catheter was felt, and about three ounces of offensive urine evacuated; a sedative lotion was applied, and a full anodyne given.

August 26.—In the morning the patient was much the same; pulse 130; tongue brown and dry; the factor in the room almost intolerable; bladder as much distended as before; penis and scrotum enormously swelled, dark coloured; the urgency to relieve the bladder very great; no more urine had escaped through the wound in the scrotum. In this state of things all attempts at catheterism being still unsuccessful, and the case extremely urgent, I punctured the bladder with a trocar above the pubes, and let out two pints and a half of high-coloured offensive urine, and made free incisions again in the penis and scrotum, which bled profusely, and gave great relief. In the evening he was much easier, the urine coming away freely through the canula left in the wound above the pubes.

27. Much the same; belly tender, chiefly on the left side, where an abscess seemed to be forming; tongue dry and brown; penis and scrotum swelled and livid-coloured; wounds on the penis disposed to slough. Ordered a yeast poultice to the parts, and a purge.

29. Rather better; fetor less; the abscess in the left iliac region had broken and discharged; urine passed freely through the wound. Ordered to take nourishment freely, porter, and a mixture of Sp. ammon. c. Tinct. hyosciam. et Camphor. The yeast poultice continued as the parts were improving; pain in the belly much less. He continued in the same state as regards the bladder, but daily improving in health; and as there did not appear any probability but that sloughing of the penis and scrotum must take place, no further attempts at catheterism were made until the 4th of September, when the disposition to slough had ceased, and the swelling was much subdued. All attempts were however unsuccessful; notwithstanding the greatest caution, the catheter slipped again into the scrotum, or (upon giving it another direction to avoid this false passage) when, from the apparent direction and distance it had passed, we concluded it must have gone into the bladder, it was felt beneath the integuments on the left side of the abdomen, above the pubis, in the situation of the abscess previously mentioned. The patient continued to improve rapidly; the urine came through the wound in the scrotum, which, when the swelling had subsided, was found to be immediately beneath the scrotum, in the perineum. He was directed to sit up, to favour the passage of urine through that orifice, and to try to retain his water.

On the 10th September, the wound in the abdomen had healed; he could retain his water for three or four hours, and pass it at will through the orifice in the perineum; to show me which, at my desire that he should try to pass water, he did so, and passed two or three ounces in a stream. He was quite recovered in health, no incontinence of water, no sloughing had taken place, and the man was contented with his state.

In about three weeks I found, to my great surprise, that he could pass his urine through the natural course of the urethra, the false passage being healed; and he continues well, passing his urine in the ordinary way.

## ON THE BEST METHOD OF EXAMINING THE AUDITORY APPARATUS.

By P. MENIERE,

PHYSICIAN TO THE ROYAL DEAF AND DUMB INSTITUTION, PARIS.

### No. II.

(Continued from vol. ii. p. 450.)

#### EUSTACHIAN TUBE.

FROM the deep and well-protected situation of the middle ear, it would appear to be free from the influences of those causes which act injuriously on the auditory apparatus; yet from the delicate nature of the organs which are contained in it, the circumstance of its being lined with mucous membrane, and its free communication with the external air, this portion of the apparatus is subject to various lesions. Observation teaches us that a majority of diseases of the ear depend on organic affections of this mucous membrane, of the bones of the ear, or of the membranous and bony tissues which compose the mastoid cells. Now, to attain any accurate knowledge of these different disorders, we must evidently have recourse to such a method of examination as shall permit us to ascertain exactly the state of parts in the interior of the ear.

The cavity of the tympanum communicates, in an indirect manner, with the external air, at the summit of the pharynx, behind the nasal fossæ; hence any disease of these latter parts must necessarily influence the function of hearing, and we should always be careful to examine minutely the isthmus faucium, upper part of the pharynx, and nasal fossæ, in order to ascertain the state of the mucous membrane which lines them; in fact the mucous membrane of the pharynx bears the same relation to several diseases of the ear that the conjunctiva does to those of the eye.

The cavity of the tympanum always contains a certain quantity of air and mucus, which are constantly conveyed, during a state of health, through the Eustachian tube, or the lining mucous membrane; any obstacle to the passage of air, or an over-secretion of mucus, will modify the natural condition of the auditory apparatus, and disturb its functions.

But how are we to discover the changes here alluded to? how determine that the Eustachian tube is obstructed or obliterated? How can we ascertain whether the cavity of the tympanum contains too much mucus or not? It is impossible to discover the nature of any disease of the ear (except those connected with the external meatus) unless we examine the Eustachian tubes and cavity of the tympanum. This, then, is a most important point of practice, and I shall therefore discuss, successively, the various means which are employed for the purpose.

Everybody must, at one time or another, have felt the air penetrating through the Eustachian tube into the cavity of the tympanum; in a healthy

state this is scarcely perceived; the acts of deglutition, spitting, blowing the nose, &c., must force the air into the tube, and produce a constant change of air in the cavity of the tympanum. But occasionally the air is shut up in the cavity, becomes rarefied or altered, and the hearing is more or less impaired. When this occurs, we must employ certain means for restoring the free circulation of air. Observation of what passes in our own persons will point out the proper treatment. For example, a slight degree of deafness arises during the existence of coryza; the patient makes a strong effort of expiration, (the mouth and nose being closed,) and the dulness of hearing immediately disappears. I would particularly insist on this fact, because it appears to me that we do not turn it to the advantage of which it is susceptible.

Two circumstances chiefly influence the passage of air through the Eustachian tube; these are the motions of the lower jaw while being depressed, and the contractions of the pharynx. Whenever we feel the air pass through the tube into the cavity of the tympanum, it is in consequence of sneezing, yawning, blowing the nose, &c.; and by a voluntary performance of these acts we can always, with a little attention and practice, succeed in renewing the air in the cavity. Many people are unable to do even this; but it is easy to teach them; and I consider it to be the first, perhaps the most important, method of exploring the middle ear.

Whenever a patient is affected with deafness from lesion of the tympanic cavity, we should inquire into the effects produced on the ear by blowing the nose, yawning, sneezing, &c. These have generally a certain influence on deafness arising from a catarrhal affection of the tube or cavity, and the patient will inform us that he felt something particular in the ear while he was blowing the nose, &c. We can easily make him repeat the acts just mentioned, in our presence; and I have often succeeded in producing an instantaneous amelioration of the hearing, by directing the patient to expire strongly while the mouth and nose were closed. Long experience, besides, has confirmed the utility of sternutatory remedies in diseases of the ear, and we can readily understand their mode of action.

The power of introducing air into the cavity of the tympanum is greatly increased by practice, and many people are able to remove a temporary infirmity by this means alone; it will not always, however, suffice to close the mouth and nostrils; the patient should then attempt to swallow at the same time, or incline the head backwards or forwards. In many cases, I have been compelled to place the point of the index finger on the orifice of the external meatus, and communicate motion to that portion of air which is contained in the cavity of the tympanum. In some patients the mucous membrane of the nares is constantly tumefied, and covered with a thick secretion; this condition may be combated by various remedies, and by changing the position of the head we may succeed in removing the secretion from the orifice of the tube, when a strong expiration will drive the air into the cavity of the tympanum.

Although the mode of examination now pointed out is often attended with considerable advantage, there are cases in which we find it necessary to explore the tube with instruments, but I seldom



have recourse to this latter means, without having previously employed the former one. If, when the patient expires strongly, (with the mouth and nostrils closed,) we perceive that the membrana tympani is driven outwards, then catheterism of the Eustachian tube can teach us nothing further; but when the patient is unable to force air into the tube, we have nothing left but an examination with the catheter.

As the object of the present paper is essentially practical, I shall pass over the historical part of the question, and merely describe what appears to me to be the best method of catheterizing the Eustachian tube.

In the first place I would remark, that we cannot select exclusively any particular instrument for the purpose of performing this operation, because the form of the nose and nasal fossæ differs very much in different individuals. The age of the patient, the form of the head, and the development of the face, modify the length of the palatine arch, and hence we seldom meet two cases in which the Eustachian tube is placed at the same distance from the anterior nasal process; on the other hand, the introduction of an instrument may be impeded by the deviation of the septum nasi, and by the size or position of the inferior turbinated bone. These remarks show that we cannot count on certain success in every case with any particular instrument; I have employed them all, and feel convinced that the best quality in an instrument is its being well adapted to the nasal fossæ.

As I have already observed, the position of the Eustachian orifice is considerably influenced by the age of the patient. The nasal fossæ become enlarged in all directions with the progress of age, but particularly the vertical and antero-posterior diameters; hence the catheter employed should be long in proportion to the patient's age, but it is impossible to lay down any precise rule. The more prominent the occipital protuberance the shorter is the floor of the nostrils, and this latter condition is chiefly observed in patients who have a broad face and flat nose, while the contrary exists in those whose face is narrow, and jaws elongated.

I do not place much reliance on an exact measurement of the floor of the nostril, because I think that the catheter should be first carried to the back part of the pharynx, and then brought forwards along its side, without our paying any attention to the velum palati.

But the most certain obstacle is that produced by the form and position of the septum nasi; the latter is seldom placed in a vertical position; generally speaking, the right nostril is smaller than the left one; and the right inferior spongy bone is often more voluminous than its fellow.

In all cases we should carefully examine the external form of the nose, for the duration of the septum is almost invariably indicated by the obliquity of the cartilage attached to its anterior extremity; in some instances it may be necessary to pass a speculum into the nostril, to ascertain the obliquity and size of the nasal fossæ. These precautions are not without utility, as they aid us in our choice of a proper instrument. When the nose is long and narrow, the septum oblique, and the inferior spongy bone large, we should choose a flexible catheter with a very moderate curve; a

solid silver catheter with a greater curve is suited for cases of an opposite description.

Sometimes the nostril is so deformed, as to exclude the use even of the smallest catheter; in such cases I have succeeded in passing the instrument through the mouth, by raising up the velum palati; M. Deleau recommends us to take a more curved catheter, and introduce it through the other nostril; he says that he has been successful, but I have tried it many times on the dead body, and think that, if not impossible, it is extremely difficult of execution.

The following is the method which I would recommend for practising catheterism of the Eustachian tube. The patient should sit in front of a window which admits a bright light, with the head slightly elevated; the left hand of the operator is placed on the forehead to fix the head. The catheter is held in the right hand with the concavity downwards; the point of the instrument is then passed along the floor of the nostril to the adherent edge of the velum palati, and thence to the posterior wall of the pharynx; it is then brought from behind forwards, until it meet the edge of the orifice of the tube.

For the success of the operation, it is of much importance that the parts in the neighbourhood of the Eustachian tube should be as little disturbed as possible; it is for this reason that I carry the catheter, at once, to the back of the pharynx, for the contact of its point is apt to excite contraction in the velum and muscles of the pharynx. In bringing the instrument from behind forwards, we soon meet with an elevated line along which it glides, and in front of this a cavity which receives the point of the catheter. A slight movement of rotation outwards now makes the instrument pass into the tube to the distance of three or four lines, and the patient experiences a sensation rather unpleasant than painful.

But what is our object in passing an instrument into the Eustachian tube? The points to be ascertained are, whether the canal be free, or if it be obstructed, what is the nature of the obstacle. It remains for us to inquire whether the use of the catheter can solve these questions.

In the first place we must admit that silver or gum-elastic catheters are too large to pass through. The diameter of the upper third does not exceed one line, and the cartilaginous structure of its walls, at this part, renders dilatation impossible; higher up the canal is bony, and if we wish to penetrate into the cavity of the tympanum, we must employ one of those filiform instruments recommended by Kramer. The catheters of Itard, Deleau, and other aurists, cannot pass beyond the moiety or upper third of the tube, and any obstruction which is situate higher up cannot be detected by these instruments.

In the majority of cases, obliteration of the Eustachian tube depends on tumefaction of its mucous membrane, or on a collection of thick and unhealthy mucus: we are frequently enabled to remedy these two states, and, to tell the truth, they generally disappear themselves; but when the disease is more severe, when it depends on chronic induration of the pharynx, on the presence of a cicatrix, &c., the catheter is completely useless. Thus, in severe cases of disease of the Eustachian tube, we derive no benefit from this instrument, while milder cases get well without it.

Generally speaking, however, we explore the tube for the purpose of diagnosing diseases of the middle ear. In many affections of the cavity of the tympanum, the tube remains free for the passage of air; we are, then, able to appreciate the tumefaction of the mucous membrane by the quantity of air which passes into the cavity of the tympanum, and by the distance to which the instrument penetrates; these two circumstances will likewise assist us in determining the precise seat of the obstacle and its degree of resistance: in addition to which, they will throw some light on the nature of the affection of the cavity; whether, for example, it contains a quantity of mucus; whether the deafness depends on want of renewal of the air, &c.

From what has been said, we may conclude that catheterism of the Eustachian tube is essential as a means of diagnosis of affections seated in the middle ear; and that it is useful even in diseases of the internal ear, from the negative information which it affords us; if we ascertain that the meatus externus, tympanum, and middle ear, are free from disease, it must follow that cause of deafness resides in the labyrinth or nervous system.

The passage of an instrument into the Eustachian tube, always produces certain effects which we should notice here. As the point of the instrument runs along the nasal fossæ, it excites a disagreeable feeling of tickling, which causes contraction of the muscles of the nose, lips, and face; the eye is suffused with tears; some patients are seized with nausea or vomiting, and occasionally a few drops of blood are discharged from the mucous membrane. When the catheter has reached the pharynx, it often excites contractions in the neighbouring parts also, and we should wait until these have subsided before we rotate the instrument outwards, for the purpose of introducing it into the tube.

Generally speaking, catheterism of the Eustachian tube should not be practised on any young or very aged persons; I have, however, operated on a child three years old: on the other hand, I am convinced that the operation is attended with some danger to old people, in whom it often produces emphysema, which extends along the neck, pharynx, and even to the orifice of the glottis. When the opening of the tube is firmly closed, when ulceration exists at the upper part of the pharynx, or the mucous follicles are very large, the end of the catheter may get entangled in the mucous membrane, and the air which is blown in becomes infiltrated through the cellular tissue; the patient at once feels a peculiar kind of cracking and his neck swells, or the emphysema may extend to the velum and pharynx, causing some obstruction to the breathing. To remedy this inconvenience, the mucous membrane may be scarified with a cataract needle.

In some cases catheterism of the Eustachian tube excites severe pain at the lower part of the neck, just above the clavicle; the pain may continue for several days or weeks, and in one case lasted during three months. Some patients experience this every time that the operation is performed: it occurs more frequently in women than in men, and seems to be a sympathetic effect.—*Gazette Médicale*, No. 45.

## PROVINCIAL MEDICAL & SURGICAL JOURNAL.

SATURDAY, NOVEMBER 20, 1841.

WHEN the mental energies are too exclusively directed to one subject, the attention is apt to be drawn away from other objects, which are of at least equal importance. Discussion contributes to the elucidation of truth, but wordy disputes are seldom favourable to the advance of sound knowledge; and it not unfrequently happens, that when those who should engage in the promotion of this, the only object really worthy of the man of science, are contending for points of imaginary or inferior value, those of deeper and more lasting interest are allowed to escape. It is not the canine species only, which, grasping at the shadow, is fated to lose the substance. Many of those who are now seeking to take that place in the management and control of special interests, to which, as they conceive, their merits entitle them, in thus neglecting the pursuits which might more profitably engage them, virtually lose their claims to occupy it. We do not mean to discourage the efforts of those who are striving to obtain for themselves and others that just consideration for their rights and privileges to which, as members of the general community, or of any special branch of it, they are entitled. We would not wish to see their zeal checked, or their efforts slackened; but we are desirous that in this contention for the outward form of power or privilege, they should not lose sight of that which alone can give to power and privilege, dignity and respect. It is in the labours of the closet, the laboratory, the dissecting-room, the hospital, the wide field of observation which is everywhere presented to the medical philosopher, that medical practitioners should qualify themselves for the position for which they are now so strenuously contending. The arena of a public meeting affords, perhaps, to those ambitious of notoriety, a tempting field for display; but it is the tranquil, noiseless, and steady pursuit of knowledge, the earnest inquiries after the truths of science, which alone are worthy of real estimation, or will gain for individuals, or bodies of individuals, either present weight or influence, or lasting consideration.

Knowledge should be sought for its own sake, not for the distinction or privileges which the possession of it is thought to confer. These will in



most cases follow, and be cheerfully awarded, if not prematurely demanded, or challenged in a tone which betrays more of confidence and self-estimation than is becoming. The observations made in the British and Foreign Review, on the conduct of a distinguished physiologist of the present day, whether their application in the case referred to be merited or otherwise, ought to be deeply impressed on every student of science.

"There is a wisdom," says the Reviewer, "as well as a happiness, which has its roots in the affections and moral qualities; and when it flourishes, the mind expatiates freely and cheerfully beneath its modest shade. In our time, this source of wisdom is too little sought. The fruit of knowledge is too often gathered as a mere means of procuring worldly distinctions and advantage; and if these do not follow, the blessed fruit itself turns but to bitterness. Hence arise heart-burnings and jealous controversies, and all that so often makes the minds of scientific men unamiable, and their lives a waste of sour dissatisfaction; and all that so often causes them, when collected into societies, to constitute but a community of angry and stinging insects, whose foibles and whose fierceness console and amuse those who possess no science at all." "The man of science, to be happy, must pursue science with exalted aim; forget that there are royal societies, and books of periodical criticism; and, knowing how small a corner of the curtain that hides all truth from man's gaze, can be lifted up by any one hand, should be charitable towards those labouring, like himself, for all time."

We do not apply these remarks to any individual or individuals; we pronounce no opinion as to whether their application by the reviewer be correct or otherwise; but we cannot close our eyes to their being often of too evident application, while the warning conveyed by them is one by which we may all profit. The *mens omnibus una* is not to be expected from fallible mortals, and if others value not our labours as we are ourselves disposed to value them, it is more consistent with the modesty of genuine philosophy to wait the test of time, than to waste those powers which might be otherwise so profitably directed in the endeavour to force those honours and awards, which will, for the most part, be granted where really merited. It is much to be wished that such honours should be in all cases impartially and promptly bestowed, and those who are engaged in the endeavour to obtain a distribution of such as appertain to the medical profession upon an equitable and comprehensive basis, however we may differ from them in some minor points, are working, we believe, for good. It is because the ulti-

mate object at which they are aiming, is in its essence desirable, that it becomes the more necessary to pursue it with deliberation and calmness.

The great mass of the medical practitioners of this country conceive that they are entitled to the recognition and the protection of the law, and to certain privileges and rights equally with others, who in consequence of usages, for the most part introduced without due reflection, have acquired exclusive possession of them. The idea is rational; it is in accordance with the spirit of the general government of the country, and of the times in which we live; the claims which arise out of it are in themselves reasonable and just. They are, however, resisted on the plea of custom, of expediency, and even of right, by those who are now in possession of the exclusive privileges. There is nothing herein to be wondered at. It is in accordance with human nature to endeavour to retain that of which possession has once been acquired; and where the interests are concerned or the prejudices engaged, arguments will never be wanting by which the question of right may be obscured, and the understanding of even highly-educated, intellectual, and honourable men warped from the truth.

That such is an accurate view of the case, is shown by the extreme quiescence into which many of the opponents of these exclusive privileges sink down, whenever they themselves become invested with them. Is there a physician or surgeon of influence and character remarkable for his opposition to existing institutions? Let him have a voice in the councils of the colleges, and little more is heard of him. A little wholesome agitation for the promotion of one's own purposes, is a most legitimate and admirable weapon; but these once attained, nothing is so desirable as tranquillity; affairs are now in a very satisfactory state, and any attempt at disturbing them becomes inflammatory, unprincipled, and entitled to reprobation in as many hard words as the language will afford.

But to err, is more or less the lot of every human being; the spirit, therefore, in which the abuse is pointed out, the remonstrance made, the claim enforced, should be divested of everything like recrimination, and every imputation of unworthy motives on the part of our opponents, beyond what are natural to men, whose judgments are, for the most part, unconsciously, perhaps, unavoidably biassed, should be sedulously abstained from. The efforts at promoting the attainment of the objects which we may have in view, should be made steadily, and the result sought to be obtained through the medium of those, who, while they are possessed of the power to remedy

the grievances complained of, are yet personally interested neither on the one side nor on the other. To give effect to these efforts, a close and forcible statement should be prepared, wherein, while nothing is extenuated, nothing should be set down in malice.

For this purpose the form of memorial may be advantageously adopted, and the document so drawn up, should be placed in the hands of those who are in authority. Memorials of this description might be presented from the several associations, and other bodies interested in the settlement of the question, time being of course allowed for deliberation on their contents, before attempting to proceed farther. Nothing can be more injurious than that the minds of medical practitioners should be kept constantly engaged upon such harassing and unsatisfactory discussions. The immediate and personal duties of each and every individual, are sufficiently numerous. Among the foremost are the relief of the sufferer from disease, and the advancement of medical knowledge by every means which their opportunities and their talents have placed in their power. Whatever tends to draw off their attention from these objects lessens their efficiency, and impedes their progress in a course of usefulness and honour; while the heart-burnings, the envy, hatred, malice, and all uncharitableness, which the incessant dwelling upon real or imaginary wrongs begets, exercise a most injurious influence upon the tone of the mind, not only at the time, but long after the cause is removed.

## REMARKS ON MEDICAL LEGISLATION AND REFORM.

SOME time must yet elapse before the legislature can find leisure to take into consideration the grievances complained of by a large majority of medical men. In the mean time rational reformers amongst us ought to prepare well-digested plans of organization and legislation for the class of practitioners who are still without constitutional privileges. It would be most unwise to precipitate legislation, before the best means of redress were well understood—unpardonable to go before parliament to ask for that which we did not thoroughly understand ourselves, and about which we were by no means generally agreed; we ought, therefore, patiently to entertain the subject, and from time to time call the attention of candid minds towards it, until we have arrived at some incontestable conclusion, out of which may emanate the fabric of wise legislation; for I, for one, would prefer being without legislation at all to having it badly done.

That the subject of medical reform is involved in many difficulties must be candidly admitted by every one who has studied it, and especially by

those who can appreciate those difficulties from experience, and not from theory. I do not think that those difficulties have been lessened by several projected enactments, published lately, more in the spirit of generalization and theory than in a well-grounded knowledge of the wants of our profession generally, or of the means best calculated to protect its "*status*," and the usefulness and honour of the general practitioner. I say the general practitioner, because it is an appellation that embraces, I believe, a majority of medical men throughout the empire, who now occupy a position for the benefit of society, not in accordance with the ancient division of the profession into physicians, surgeons, and apothecaries,—This class of men, whose usefulness and importance in society has, for centuries past, been sustained mainly by the personal merit and industry of its members, have unorganized, unregulated, and unprotected by legal enactments, stood and flourished on the hard-working details of practice, but now come before the public as a body prepared to say effectually, "We have arrived at a period of our history at which we feel ourselves entitled to come before parliament, on behalf of our science, to petition for constituted rights equal (if not superior) to those granted to existing medical corporations, and to crave that the attention of the nation itself may be directed to that most important subject, 'the public health.'"

In remarking upon this question, it is, doubtless, necessary to take enlarged and comprehensive views of it, especially when it is considered to embrace the practical philanthropy of protecting and regulating the social and public arrangements which concern the public health. But I doubt whether we are prepared to ask for reform under this philanthropic view of the case; we may direct the public attention to it with much propriety, but it appears to me to trench too much upon the province of the general government of the country for us to make it a prominent feature in any enactment we may propose. By divesting our movement as much as possible of all its political bearings, by avoiding offensive interference with the chartered rights of others, and by falling back upon the practical details which display our case, the nature of the grievances we complain of will become more evident, and the remedy we want from the legislature will be much simplified. Under simple views of the case, aided by ample discussion, difficulties will disappear, and parliament will find it inexpedient any longer to refuse attention to our just demands.

Indeed it is hardly to be credited that any difficulty should occur in the House of Commons on this subject. In all the British settlements and dependencies, with few exceptions, the government directs a great deal of attention to the public health, and subjects the medical practitioners to laws very precise and stringent. On the continent of Europe, medicine, it is well known, is universally constituted a science, and protected by law, whilst here at home, in the heart of the empire, it is egregiously neglected as a faculty. This state of things most probably arises from some misconception under which the legislature labours with regard to the existing medical institutions. The powers possessed by these bodies are, perhaps, considered sufficient for the regulation of the



*whole profession* at home. But it is notorious that the chartered corporations take little or no interest in the public health, or in the government and prosperity of the large body of licentiates and general practitioners, who are not members of their corporations. That the colleges take a lead in the cultivation of the science there can be no doubt, and the great wealth secured to them by their exclusive privileges, ought to enable them to do so effectually. That they grant licenses or diplomas according to their charters, each in its own department, is equally true, but not one of them takes that general interest in medical affairs among excluded licentiates, which they ought to do, and not one of them can grant licenses sufficient to qualify the general practitioner for all the branches in medicine he practises. All medical men must go into practice only partially qualified, or must pass through graduations in the three departments into which his duties have been arbitrarily divided. Hence many of the present practitioners are disqualified to exercise as general practitioners, and many members of the colleges themselves overstep the ground of their charters, and trench upon the provinces of each other and of the general practitioner. It is well known that a member of the College of Physicians, or of Surgeons, according to his charter, is not duly qualified to assume the duties of a general practitioner. Indeed it is the ground upon which they claim their superiority. But it is equally well known that some of them do forget the bounds of their qualification. Partial qualification is certainly better than none at all, because it can only be obtained after a course of scientific education. But it is an anomaly and a grievance, that the partially qualified should stand forward and claim pains and penalties against, and enjoy rich privileges to the exclusion and injury of, a class of practitioners who, both in the science and practice of their profession, are generally better qualified than themselves.

Ought we to witness this state of things—public and private interests endangered, without calling for a remedy? It is decidedly a grievance that we have no rule to go by—no protection to our interests beyond that which is dependent on personal influence, whilst the interests of every other department in society are regulated by stringent enactments. The lawyer, the divine, the merchant, the agriculturist, can fall back, in cases of difficulty, upon the statute law of the country, or upon a law of custom enforced by organization and precedent, which is equally valuable with statute law, but which cannot be brought into operation in the medical profession, divided as it is into coteries, each enjoying different privileges, or having no privileges at all. The law of custom and precedent, in our profession, is entirely derived from the chartered bodies, and is only applicable under their influence. Notwithstanding all this, such is my opinion of the sense of justice and honour entertained and cultivated by medical men, that I am confident few exist in the profession, who would not repudiate the idea of doing injury to existing medical institutions by medical reform. Excepting, perhaps, some who might wish to limit the power at present exercised by the Apothecaries' Company, high classes of practitioners, who possess no legitimate power, very naturally complain

of powers enjoyed and exercised by a class acknowledged to be inferior, and, in fact, they complain of this with good reason, for such a state of things must have a tendency to lower the "status" of the complaining, and of drawing the public mind into its vortex, if uncontrolled.

Few things, I believe, have contributed more towards rousing our profession to the present agitation than the Apothecaries' Act, although I am inclined to think that we are more indebted to than injured by the Apothecaries' Company having led the way to an extension of the medical franchise. We had long been culpably neglectful of our public interests, and that act, to say the least of it, was an advance towards legislating for medicine greater than any that had been attempted for a century. But however much we repudiate doing an injury to existing medical institutions, we have a duty to perform which ought to be fulfilled—to see the grievances of our profession redressed. Doubtless the sources from which constitutional rights emanate, are as accessible to us as they ever were to the College of Physicians, the College of Surgeons, or the Company of Apothecaries.

It has been asserted that the public has created a distinction between the physician, the surgeon, and the apothecary; and that, therefore, these three classes of practitioners must be supplied by the schools. That such a distinction has arisen amongst us there can be no doubt, but that the public *per se* has created it I do not believe. The colleges and institutions themselves are the authors of these distinctions, which, after all, are of very limited operation, and that principally in the metropolis and wealthy cities; and it is certain that the great majority of practice is in the hands of men who are, strictly speaking, general practitioners. The public has, in some degree, followed the distinctions created by the charters, but physicians and surgeons themselves know well that they are not accurately grounded in practice. The general practitioner is not recognized in this assumed definition of the wants of the public, because he has not obtained his charter. Is it not a grievance, that a class of men far more numerous than all the pure physicians, pure surgeons, and pure apothecaries put together, is to be refused legitimate rights on pretences so flimsy and exclusive? Let us push on till we have obtained a charter for our profession in general. Let us take care that it is so superior in principle to those of existing institutions, and so comprehensive in its operation, that these bodies will find themselves neither injured nor disparaged by acting in concert with us, for as much as we, in the first instance, have been proved to submit ourselves to their laws and customs. Having obtained a uniform qualification, every practitioner will enter upon practice without giving offence to his neighbour, and without any legal charge of endangering the laws of the public for private gain. And if he still aspires to the superior distinctions from the colleges, he can take his flight from the broad and extensive platform created by the general practitioner, into the higher regions and richer pastures now enjoyed exclusively by the colleges. But with chartered rights and a well-ordered representative system of government amongst us, I believe a century will not elapse before the class of general practitioners is con-

sidered equal, if not superior in honour, as well as usefulness, to the most elevated graduates of the colleges.

(To be Continued.)

## ON THE TREATMENT OF BUBO.

By M. RICORD.

ONE of the chief points in the prevention of bubo consists in actively combating, by antiphlogistic remedies, all affections which may become an exciting cause of inflammation of the gland. The patient must be kept at rest as much as possible, and everything which is exciting should be avoided, both as regards regimen and the remedies employed. Here, however, it may be observed, that the objection made against the cauterization of chancres with the nitrate of silver, viz. it being a frequent cause of bubo, is not founded on truth. Nearly three-fourths of the numerous patients under the care of M. Ricord are cauterized for chancre with the nitrate of silver, yet, on examining the register kept during a period of ten years, not a single case can be pointed out in which this practice was evidently the cause of bubo: this remark, of course, only applies to cases in which the precautions insisted on by M. Ricord have been duly attended to.

When the preventive treatment has failed, or when the patient presents himself with a bubo in its early stage, the *abortive* treatment is first tried; the patient is enjoined absolute rest, and a regimen prescribed, which is suited to his general state of health. Should symptoms of acute inflammation be present, these are usually subdued by the application of from twenty to thirty leeches, the use of baths and emollient fomentations, and it is seldom necessary to have recourse to general blood-letting. If the pain be not severe, and the tumefaction of the gland slight, the application of ice is often of much service; but should the pain and swelling increase, we must omit these means at once.

Next to cold applications, the employment of compression may be mentioned, as affording excellent results; the compression, however, should never be exercised so as to produce pain; it must be slight at first, and then gradually increased; but whether the spica bandage be employed, or the compressor recommended by M. Ricord, the patient should be kept constantly in bed.

Numerous experiments were made with the means introduced into practice by MM. Renault and Malapert; this consists in removing the epidermis by means of a blister, and then cauterizing the bubo with a piece of lint moistened with a solution of corrosive sublimate: as a general method, M. Ricord rejects this practice; when the bubo is the result of the direct action of the venereal virus, it is sure to fail, and in cases of simple bubo it is far too painful; besides, the unsightly cicatrices occasioned by this method furnish an additional motive for its rejection.

The means on which M. Ricord places most reliance in the treatment of bubo, is the local or general use of mercury, according to the particular case. When the bubo is indolent, M. Ricord first

blisters it, and then dresses the blistered surface twice a day with a scruple of mercurial ointment; a poultice is placed over all, and renewed three or four times a day.

As a general theory it may be laid down, that our want of success in the treatment of bubo frequently depends on the exclusive use of some particular method, and on our not sufficiently attending to the peculiar nature of the disease; the use of leeches, cold, compression, &c., will generally arrest the progress of a bubo which depends on gonorrhœa, on a wound, or on a simple sore; whilst the most judicious resolute treatment will often fail, when we have to do with a bubo arising from a chancre which furnishes inoculable pus.

Finally, mercury, which is so powerful an agent in arresting the progress of bubos that are merely the first symptoms of constitutional syphilis, has no great power over the other forms of glandular swelling.—*Gaz. des Hôpitaux.* No. 131.

## MR. LISTON'S CASE OF ANEURYSM.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—In the report which appeared in the last number of your Journal relative to an alleged case of aneurysm which had occurred in the hospital of University College, the following question is asked:—"We might inquire why the patient was withdrawn from the observation of the pupils, and placed in a private ward, to which Mr. Liston alone and his friends had access?"

As I held the office of dresser under Mr. Liston, and had the fullest opportunity of witnessing all that passed, I state that which is well known in this Institution, when I assert, positively and distinctly, that the patient was open to the observation of the students of the hospital, from the period of his admission to the moment of his decease.

It is hoped that a statement of this fact will enable your readers to form a tolerably correct opinion of the credit which is due to the other allegations, which have been made by your informant.

Probably you will permit me to add, the dissection of the tumor has proved, beyond dispute, that the case was not one of aneurysm at all.

Your obedient servant,  
JOHN TOPHAM.

*University College Hospital, Nov. 16.*

[We have never been guilty of wilfully misstating any fact; the gentleman who furnished us with the report of Mr. Liston's operation informed us that, on returning to the hospital, he was unable to ascertain the condition of the patient, because the latter had been removed into a private ward. "Upon this hint we spake." As to whether the tumor were aneurysmal or not, we shall not dispute with Mr. Topham; it was a tumor containing arterial blood, and we repeat what we have already said, that if we had not



been inclined to look with a charitable eye on the failings and errors of our brethren, we might have delivered a lesson to Mr. Liston, which he would not easily have forgotten. The history of the bayonet-wound case 'is still fresh in our memories.—EDS.]

## OCCLUSION OF THE ŒSOPHAGUS BY A PIECE OF MEAT.

### INJECTION OF TARTAR EMETIC INTO THE VEINS.

IN July 1838, a large piece of meat stuck in the Œsophagus of a man while eating; he applied to Dr. Balbach, who, finding that it was too low down to admit of extraction, endeavoured to push it into the stomach; he failed, however, and the man was unable to swallow even a fluid. Under these circumstances, M. Balbach resolved to inject tartar emetic into the veins, and thus excite vomiting. Having exposed the median vein, and made a small incision into it with a lancet, he injected one-half of a solution of six grains of tartar emetic in two ounces of water. As this produced no effect, the remainder of the solution was injected. After a lapse of two minutes, violent vomiting came on, and the piece of meat was expelled. The wound healed as quickly as that made in a common bleeding.—*Bul. de Therap.*

## UNIVERSITY OF LONDON.

### BACHELOR OF MEDICINE. SECOND EXAMINATION. NOVEMBER, 1841.

TWENTY-ONE candidates presented themselves for this examination, and of these the following have passed. The names are arranged alphabetically in two divisions.

#### First Division.

Blake, James—University College.  
Carlile, John Burford—Do.  
Francis, D. J. Thackwell—Guy's Hospital.  
Gall, William W.—Do.  
Heaton, John Deakin—Leeds and University College.  
Miller, William Allen—King's College.  
Nevins, John Birbeck—Leeds, Guy's, and County of Dublin Hospitals.  
Noyes, Henry George—Guy's Hospital.  
Paley, William—London Hospital.  
Parkes, Edmund Alexander—University College.  
Potter, John Philips—Do.  
Savage, Henry—Do.  
Sewell, Charles Brodie—Do.  
Smith, Edward—Birmingham and Paris.  
Way, William—University College.

#### Second Division.

Bateson, Henry—Guy's Hospital.  
Meryon, Edward—University College.  
Powell, James—Do.

## MEDICAL CORONER.

MR. JOHN NESS, of Helmsley, surgeon, has been elected coroner for the county of York.

## ROYAL INFIRMARY OF EDINBURGH.

DR. GEORGE PATERSON has been appointed to the vacant office of physician to the Royal Infirmary of Edinburgh; and Mr. T. Bevell Peacock, late house-surgeon to the infirmary, Chichester, has accepted the appointment in the same institution, which was lately held by Dr. John Reid.

## BOOKS RECEIVED.

A MANUAL of General Therapeutics; with rules for prescribing, and a copious collection of formulæ. By D. Spillan, M.D. Renshaw, London, 1841. 8vo. pp. 458.

## TO CORRESPONDENTS.

*Lincoln.* None but annual subscribers are entitled to receive the Transactions of the Society.

The letter of *Mr. Thorp* shall be attended to.

The publisher of the *PROVINCIAL JOURNAL* begs to inform gentlemen desirous of completing their sets, that a new and improved series, containing Sir A. Cooper's papers, &c., commenced with the last volume, April 3, 1841. The back numbers from this period may be obtained through the medium of any bookseller or newsman in town or country.

Letters and communications should be addressed to *Dr. Hennis Green*, 58, Margaret Street, Cavendish Square. Letters connected with the Provincial Association may be addressed to *Dr. Streeten*, Foregate Street, Worcester.

Printed by THOMAS IBOTSON, of 105, St. Martin's Lane, in the Parish of St. Martin in the Fields, and GEORGE JOSIAH PALMER, of 20, Regent Square, in the Parish of St. Pancras, at their Office, No. 3, Savoy-street, Strand, in the Precinct of the Savoy; and published by JOHN WILLIAMS RUMSEY, at his Residence, No. 6, Wellington-street, Strand, in the Precinct of the Savoy.—Friday, November 19, 1841.

## EXTRA LIMITES.

ROYAL COLLEGE OF SURGEONS IN  
LONDON.*Members' List.*

THE Council of the College, desirous of furnishing to the public a correct list of their members, request that each member will be pleased to transmit to the Secretary, between the 1st of June and 1st of July in every year, by letter, a statement containing his name at full length, address, and date of diploma, in his own handwriting, in order that it may be compared with the chronological list.

The council will be further obliged by the member stating it in a similar manner when he has a degree in medicine, or the license of the Society of Apothecaries.

The council will be glad to receive corresponding statements from the members of the Edinburgh or Dublin College of Surgeons practising in England or Wales.

April 8, 1841.

*Registration of Students.*

All students of anatomy and surgery attending hospital practice or lectures in London, and proposing to be candidates for the diploma, are required to register at the college during the last ten days of January, April, and October, the several tickets for lectures and hospital practice to which they shall have respectively entered: and no certificates will be recognised by the court of examiners, unless they shall correspond with such registrations.

April 13, 1841.

*Registration of Members.*

The president and council, in publishing the corrected list of the members of the present year, with the date of each diploma, regret that so many members have omitted to make the return during the months of June and July, according to the form proposed by the council. They are anxious to explain to the members that the object of this annual registration is to furnish the judges, magistrates, clerks of the peace, poor-law commissioners, boards of guardians, and the public generally, with a correct list of qualified surgeons, in order to prevent the various impositions which have been practised upon them, by ignorant pretenders and other unqualified persons. The names of all members who shall not have registered themselves previously to the months of July 1842 and 1843, will be omitted in the corrected list of the latter year. The president and council particularly wish to intimate to all public functionaries, that no diploma can be genuine, in which there is any erasure, interlineation, or other alteration.

October 14, 1841.

N.B. The corrected list for 1841 may be purchased at the college for one shilling.

*Regulations of the Council respecting the professional Education of Candidates for the Diploma. August 20, 1839. Amended October 14, 1841.*

I. Candidates will be required, in addition to a certificate of being not less than twenty-one years of age, to bring proof,

1. Of having been engaged in the acquirement of professional knowledge for not less than four years; during which period they must have studied practical pharmacy for six months, and have attended one year on the practice of physic, and three years on the practice of surgery, at a recognized hospital or hospitals in the United Kingdom;\* three months being allowed for a vacation in each year.

2. Of having studied anatomy and physiology, by attendance on lectures and demonstrations, and by dissections, during three anatomical seasons or sessions, extending from October to April inclusive.

3. Of having attended at least two courses of lectures on the principles and practice of surgery, delivered in two distinct periods or seasons, each course comprising not less than seventy lectures; and one course, of not fewer than seventy lectures, on each of the following subjects, viz. the practice of physic, chemistry, materia medica, and midwifery with practical instruction.

II. Members and licentiates in surgery of any legally constituted college of surgeons in the United Kingdom, and graduates in surgery of any university requiring residence to obtain degrees, will be admitted for examination on producing their diploma, license, or degree, together with proofs of being twenty-one years of age, and of having been occupied at least four years in the acquirement of professional knowledge.

III. Graduates in medicine of any legally constituted college or university, requiring residence to obtain degrees, will be admitted for examination, on adducing, together with their diploma or degree, proof of having completed the anatomical and surgical education required by the foregoing regulations, either at the school of the university, where they shall have graduated, or at a recognized school or schools in the United Kingdom.

IV. Certificates will not be recognized from any hospital unless the surgeons thereto be members of one of the legally constituted colleges of surgeons in the United Kingdom; nor from any school of anatomy, physiology, or midwifery, unless the respective teachers be members of some legally constituted college of physicians or surgeons in the United Kingdom; nor from any school of surgery, unless the respective teachers be members of some legally constituted college of surgeons in the United Kingdom.

V. Certificates will not be received on more than one branch of science from one and the same lecturer; but anatomy and physiology, demon-

\* By a resolution of the council, on the 7th of November, 1839, no provincial hospital will in future be recognized by this college which contains fewer than 100 patients, and no metropolitan hospital which contains fewer than 150 patients.



strations and dissections, will be respectively considered as one branch of science.

VI. Certificates will not be received from candidates for the diploma, who have studied in London, unless they shall have registered their tickets at the college as required by the regulations, during the last ten days of January, April, and October in each year; nor from candidates who have studied elsewhere, unless their names regularly appear in the registers, transmitted from their respective schools.

N.B. In the certificates of attendance on hospital practice and on lectures, it is required that the dates of commencement and termination be clearly expressed, and no interlineation, erasure, or alteration will be allowed.

Blank forms of the required certificates may be obtained on application to the secretary, to whom they must be delivered, properly filled up, ten days before the candidate can be admitted to examination; and all such certificates are retained at the college.

#### *Museum.*

The Museum is open to the members of the college, and to the trustees of the Hunterian Collection, and to visitors introduced by them personally, or by written orders stating their names, which orders are not transferable, on the public days, which are Mondays, Tuesdays, Wednesdays, and Thursdays, from twelve to four o'clock, except during the month of September, when the museum is closed. The museum is open on public days to all fellows and licentiates of the Royal College of Physicians in London, to peers and members of parliament, to the great officers of State, and of the royal household and their immediate deputies, to all the dignitaries of the church and of the law, to all general and flag officers, to the members of all the learned and scientific bodies in the United Kingdom, to the members of all the public boards, and to persons introduced personally by them respectively; and to all respectable foreigners, and to the articulated students of the college, on entering their names and ranks or stations in the book provided for that purpose. Lastly, the secretary and conservators will exercise their judgment in giving admission to any respectably dressed persons who may apply for it.

The museum will be open on Fridays to gentlemen desirous of studying in it, from twelve to four in winter, and from twelve to five in summer, on their making a written application to the president or museum committee. The senior conservator, Mr. Cleft, will attend every day on the visitors and students, and both the conservators, Messrs. Clift and Owen, on Saturdays from ten to one, on which day, visitors and students desirous of comparing specimens with those in the museum, or of having specimens examined, or of gaining other information, are requested to present themselves.

N.B. The parts of the catalogue of the collection already printed are to be purchased at the museum at cost price.

#### *Library.*

The library is open daily, Sundays excepted, to members and articulated students of the college, from ten until four o'clock, from the 1st of October to the

1st of April; and from the 1st of April to the 1st of September, from ten until half past five o'clock. Members have the privilege of personally introducing a visitor. Persons, not members, desirous of admission, must make application, in writing, to the president or library committee, specifying their christian and surnames, rank or profession, and residence. Tickets of admission are granted for six months, at the expiration of which time application must be made for their renewal. Readers, taking extracts from any book, may not lay the paper on which they write on any part of such book; nor may any tracings be taken from any plate without the permission of the committee. Books belonging to the college are not to be written upon; and any one observing a defect in a book is requested to report the same to the librarian. Readers desirous of consulting works not in the library, are requested to communicate their wishes in writing to the librarian, in order that the same may be reported to the committee. The admission tickets are not transferable. Every person, upon admission to the library, is required to insert his name and address in a book provided for that purpose. Readers wishing to refer to any book are requested to furnish the librarian with the title or number thereof written on a slip of paper; and to return such book to the librarian before quitting the library.

N.B.—The catalogue of the library is to be purchased at the college, at twelve shillings the two parts.

#### *Transactions.*

The council proposing to publish, in the course of the ensuing year, a volume to be entitled,

*“Transactions of the Royal College of Surgeons in London,”*

invite, from the members of the college and other scientific persons, communications relating to the implement of anatomical and surgical science. The subjects proposed to be included in this publication are specified in the following extract from the ordinances of the college:—

“The Transactions shall consist of Original communications on surgical subjects—Collegial and Jacksonian prize dissertations, deemed of sufficient originality and merit.—Original memoirs on human anatomy.—Original memoirs on comparative anatomy.—Anatomical monographs, or rare animals, dissected in the museum of the college.—Explanations of, and commentaries on, important preparations in the museum, with illustrative plates.—Statistical reports from hospitals.”

It is requested that papers intended for publication in this volume may be transmitted to the president, at the college, on or before the 1st of May, 1842.

#### *Studentships in Anatomy.*

1. Three studentships in human and comparative anatomy shall be instituted; to be held by each student for the term of three years, at a salary of one hundred pounds per annum. 2. Candidates shall be members of the college, under twenty-six years of age. 3. The council shall determine annually whether one or more of such appointments

shall take place during the current year; and shall notify its resolution by public advertisement. 4. The appointment to be made in the month of June, or as soon after as possible. 5. The students shall be subject to such duties and restrictions as the council shall from time to time direct; and, in case of misconduct, shall be liable to dismissal.

#### *Regulations.*

1. A report shall be made to the council, in the month of March, of the number of vacancies, or expected vacancies, in these studentships: whereupon the council shall determine whether any and what number of such vacancies shall be filled up, and shall direct the necessary advertisements.

2. Candidates shall transmit to the secretary, on or before the 1st of May, their applications for the appointment, together with certificates of general good character, and of fair acquirements in general learning, signed by two qualified members of the medical profession.

3. A meeting of the museum committee shall be held as soon after the 1st of May as conveniently may be, at which the applications of persons offering themselves shall be examined, and if approved, they shall be admitted as candidates.

4. The museum committee shall determine the mode of ascertaining the merits of the several candidates, and shall, after due investigation, report to the council which of the candidates, in their opinion, possesses the highest merit.

5. Students shall attend in the museum daily (Sundays excepted) from ten till four o'clock, and shall be entirely under the direction of the conservators, who shall employ them as they shall see fit: and who shall have the power of granting leave of absence when they think proper.

6. In case of misconduct or neglect, the students shall be liable to be dismissed at any time by the president and vice-presidents, who are to report such dismissal, with the grounds thereof, to the next meeting of the council.

The president and council have great pleasure in announcing that, at the instance of the director-general of the medical department of the army, the physician-general of the royal navy, and the chairman of the Honourable East India Company, the general commanding the army in chief, the lords commissioners of the admiralty, and the court of directors, have, with the view of promoting the objects of the college, been pleased to place at the disposal of the president and council an assistant surgery in each service, once in three years, for such of the said students as may be considered worthy of these honourable distinctions.

*The subject of the Collegial Triennial Prize of Fifty Guineas, is the Structure and Functions of the Lungs. The subjects of the Jacksonian Prizes of Twenty Guineas each, for the next year, 1842, are the Comparative Value of the Preparations of Mercury and Iodine in the treatment of Syphilis; and Injuries and Morbid Affections of the Maxillary Bones, including those of the Antrum.*

These prizes to be written for under the following conditions:

Candidates to be members of the college, not of the council.

The dissertations to be in English, and to be

distinguished by a motto or device, accompanied by a sealed paper, containing the name and residence of the author, and having on the outside a motto or device corresponding with that on the dissertation.

Recited cases to be placed in an appendix.

Dissertations for the Jacksonian prizes to be addressed to the secretary, and delivered at the college, before Christmas day, 1842.

Dissertations for the Collegial Anatomical prize to be also addressed to the secretary, and delivered at the college before Christmas day, 1842.

The prize dissertations, with every accompanying drawing and preparation, will become the property of the college; the other dissertations, and their corresponding sealed papers, will be returned, upon authenticated application, within the period of three years; after which the papers containing the names of the respective authors will be burned, unopened, and the manuscripts will become the property of the college.

*Copy of a Clause in—"An Act for consolidating and amending the Laws relating to the building, repairing, and regulating certain Gaols and Houses of Correction in England and Wales."*

"4th George the IVth, cap. 64. [10th July, 1823.]"

"XXXIII. And be it further enacted,—That the justices, in general or quarter sessions assembled, shall and they are hereby required from time to time to appoint a surgeon, being a member of one of the royal college of surgeons, to each of the prisons within their jurisdiction to which this act shall extend; and every such surgeon shall and is hereby required to visit every prison to which he shall be so appointed, twice at least in every week, and oftener if necessary, and to see every prisoner confined therein, whether criminal or debtor, and to report to every general or quarter sessions the condition of the prison, and the state of health of the prisoners under his care; and he shall further keep a journal, in which he shall enter the date of every attendance on the performance of the duty, with any observations which may occur to him in the execution thereof, and shall sign the same with his name; and such journal shall be kept in the prison, but shall regularly be laid before the justices, for their inspection, at every quarter sessions, and shall be signed by the chairman of the sessions, in proof of the same having been there produced; and it shall and may be lawful for the justices, at every quarter sessions after such appointment, to direct a reasonable sum to be paid as salary to such surgeon, and also such sums of money as shall be due for medicines and other articles for the sick."

*Extract of a Clause of the Act of 6th George IVth, cap. 50, exempting persons from serving on Juries or Inquests.*

"Provided always, and be it further enacted—That all surgeons being members of one of the Royal Colleges of Surgeons in London, Edinburgh, or Dublin, and actually practising, shall be and are hereby absolutely freed and exempted from serving upon any juries or inquests whatsoever, and shall not be inserted in the lists to be prepared by virtue of this Act, as herein-after mentioned."



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## CASE OF WOUND

OF THE

## AXILLARY ARTERY.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—Wounds of the axillary artery being of rare occurrence, perhaps the following case will not be unacceptable to your readers.

Your obedient servant,

EDWARD SCRATCHLEY, M. D. P.

At about one o'clock in the morning of the 12th of May, 1840, I was requested to visit a person who had been wounded, as I was informed at the moment, in the arm, and was lying at a wine-shop in a village about two miles from Paris. Hastening to the spot, I found a young man, named Viscontet, lying on a mattress on the floor, pale and almost lifeless, his clothes and the mattress deluged with blood. One of his comrades was beside him holding a towel stuffed into the left axilla, from which, however, blood was escaping. On inquiry I found that between eleven and twelve a quarrel had taken place between Viscontet and another man, which ended in blows. Viscontet, whilst raising his left arm to strike his opponent, had been stabbed in the arm-pit with a sharp-pointed knife. Violent hæmorrhage immediately ensued, and he fell fainting. One of his companions had the presence of mind to tear up his shirt-sleeve, and to oppose the escape of blood by stuffing a towel into the arm-pit. Persons were immediately sent for a surgeon, but from various circumstances none could be found, and Viscontet remained without aid until half-past one, when I arrived.

Finding that I had a much more serious accident to deal with than I expected, and that immediate assistance must be given to the patient, my first step was to examine the wound; for this purpose I took an ordinary-sized door key, and, wrapping my handkerchief round its handle, compressed the subclavian artery above the clavicle, then raising with my other hand the arm, I perceived a wound parallel to the direction of the pectoralis major, from an inch to an inch and a half in length, immediately over the axillary artery; in fact, the wound was perfectly similar to an incision made by a surgeon for the ligature of this artery; on removing for a moment the compression on the subclavian, arterial blood gushed out of the wound: as I said before, the patient was pale, exsanguinous, with pulse hardly perceptible, with skin icy-cold. What was to be done next? Ligature of the axillary artery, even on the dead subject, is an operation of some difficulty; but placed as I was, without assistance, any attempt at the operation would have been wholly unjustifiable, when the

loss of a few ounces more of blood might have left the patient dead in my hands. The essential thing was to stop the hæmorrhage; for this I took a couple of towels, rolled them up into a thick pad, and placing them in the axilla, fixed them in this position by another towel brought from under the arm-pit, and tied over the shoulder of the same side; on twisting the towel tightly by means of a stick, I found that I had perfect command over the hæmorrhage. The arm was then bound to the side, and the substitute for a tourniquet fixed with tape to prevent its slipping. The patient was placed on a stretcher, and carried to the Hospital Beaujon, where he arrived about three. During the transport, so efficacious was the apparatus, no blood was lost. He was put into a bed, and, as no blood escaped, the parts were left in situ, and it was not considered necessary by the house-surgeon to send for Mr. Laugier, surgeon of the hospital, before five A.M., when a slight hæmorrhage recommenced, but was immediately arrested by tightening the apparatus. At half-past five, Mr. Laugier arrived, and the following description of the operation is taken from the "Bulletin Chirurgical" of Mr. Laugier.

"On arriving at the hospital," says Mr. Laugier, "I found Viscontet extremely pale, with pulse entirely suspended on the left side, and very feeble on the right, but intellectual faculties entire. Compression above the clavicle having been made by the fingers of an assistant, the towels were removed. Behind the lower border of the pectoralis major, and parallel to the direction of its fibres, is a wound fifteen lines in length, and penetrating deeply into the axilla. I began by enlarging the wound towards the chest; this first incision exposed a coagulum of dark-coloured blood, placed before the axillary artery and the plexus of nerves and veins. The incision was next carried downwards in the direction of the brachial artery. In this stage of the operation, one of the *venæ comitantes* was slightly wounded, and a small flow of venous blood was the consequence. Asevery ounce of blood was of importance to the patient, I thought it best to pass a thread round the opening in the vein.\*

\* "This circumstance," adds Mr. Laugier, "shows the necessity of following the wise precept, founded on experience, of dividing layer by layer, and on a director, the parts immediately surrounding large vessels. In this case the colour of the vein was confounded with that of the coagulum covering the vessels and nerves; and although but a small puncture was made into it, still, if death had not so rapidly supervened, its ligature might have had some influence on the result of the operation." It would be well if this precept were firmly impressed on the minds of all surgeons, notwithstanding the veto passed upon it by a celebrated operator, who recommends, in cutting down on large arteries, to use the knife with the hand unsupported. It is far better for them to appear slow and ungainly in their operations, than to run the risk, by some false stroke, of seriously injuring their patient. I have seen a celebrated surgeon and operator, who disdained the use of a director, open the femoral vein in ligature of the femoral artery. Another surgeon, in operating for femoral hernia, after dividing the integuments, to show off his dexterity, cut with one stroke into the hernial sac, and was on the point of opening the gut itself, when he fortunately perceived where he was. This cut-and-thrust surgery may do well for display, but it is scarcely scientific.

The wound having thus been sufficiently enlarged, and the coagulated blood removed with the finger, I found that the opening in the artery was situated deep in the axilla. The knife with which the patient had been struck, had passed between the median and ulnar nerves, without touching them, making a longitudinal incision into the artery, parallel to its direction and to that of the surrounding nerves and veins.

"In order to find the position of the upper orifice of the wounded artery, the compression above the clavicle was slackened two or three times, but the blood escaped so rapidly and in such quantities as to wholly impede my view. This showed to me clearly the existence of a large opening in the artery. Also, when, to expose more fully the axillary artery, the arm was raised from the body beyond the right angle, the clavicle was pushed upwards, and the fingers of the assistant had no longer command over the artery, and the hæmorrhage recommenced.

"Having thus perceived that if I persisted in attempting to tie the artery, above and below its wound, through the axilla, I stood the chance of seeing my patient die under my hands, I determined on following another plan, and that was to tie the artery above the pectoralis minor. I knew well that this would only be a temporary ligature, and could be considered simply as an auxiliary operation, in addition to the requisite one of tying the artery above and below its wound. In recent wounds of arteries, Anel's or Hunter's method is essentially faulty, and in this case the hæmorrhage would have been reproduced by the lower orifice; for large branches enter the artery beneath the spot where I intended placing the ligature. I dismissed quickly the idea of cutting through the pectoralis major and minor, in order to arrive more directly at the wounded spot; for although by this method I would have been enabled to place two ligatures, instead of three, on the artery, still this advantage, great in itself, would not have compensated for the great destruction of the axilla, and the risk attendant on it. Therefore, the artery being compressed above the clavicle and below in the axilla, I followed the method of M. Marjolin for tying the subclavian below the clavicle, by making an incision between the two portions of the pectoralis major. In this operation the artery is found above the border of the pectoralis minor, covered by the axillary vein, and placed between it and the brachial plexus of nerves; the latter being behind and somewhat above the artery. I arrived easily upon the plexus of nerves and vessels, and, having isolated with great care the artery from the surrounding parts, I carried a ligature around it by means of a curved blunt needle, with the eye at its point.

"Whilst searching for the artery, the following circumstance struck me as being worthy of notice. When the axillary artery is tied below the clavicle for aneurysm, or even when the operation is performed on the dead subject, the axillary vein is always found placed before the artery, and more or less distended, its size varying in different subjects, and also depending on the respiratory efforts of the patient. The presence and volume of this vein are considered as an obstacle to the isolation of the artery and its ligature. It is even recommended, in operating on the living subject, to oppose the entrance of blood into the vein, and

its over-distension, by the finger of an assistant. But to counterbalance the inconvenience resulting from the size and position of the vein, its colour makes its more evident, and easily distinguished from the artery. In our patient, however, the axillary vein was collapsed, and could not be distinguished, either by its volume or colour, from the fascia covering the vessels. The pulsations of the artery were felt distinctly through the vein, but, from the flattened state of the latter, some difficulty might have been experienced in pressing it downwards and inwards; and if its peculiar appearance had not been remarked, or if the needle had been to the slightest degree pointed, or great care had not been taken in passing it around the artery, the vein might have been mistaken for the fascia, and pierced through and through."

"The artery having been tied, I was enabled to return to the axilla, and look for the lower orifice of the wounded artery, from which a small quantity of blood was still oozing. Having tied this, the hæmorrhage ceased for an instant, but, as I expected, it reappeared, after a few seconds, at the upper angle of the wound. I attempted to place a ligature round the upper orifice, and then it was that I was able to judge of the length of the wound in the artery, which extended longitudinally upwards, and appeared to be from twelve to fifteen lines in length. The upper orifice being tied, all bleeding ceased, and the wound was united by a few slips of sticking plaster.

"The patient supported the double operation with patience and courage. It is true that he was in a state bordering on syncope; after the operation, the pulse was scarcely perceptible on the right side, but in a short time it acquired the same strength as before.

"Wine and water was given several times during the operation, and he was ordered to drink freely of cold broth, and take several spoonfuls of the medicated wine of Collioure, and a potion with syrup of cinchona.

"In the evening he was in the same state; pale, anxious, answering questions with precision, but, when his attention was not fixed, uttering unconnected phrases. No blood had been lost since the operation, and the broth and wine had remained on the stomach; his pulse, however, was weaker, and general anxiety increased; he passed the night in the same way, a nurse having been ordered to give him broth frequently; at seven in the morning he was still conscious, but shortly after he fell into a state of syncope, and died without convulsions.

"On opening the body, the pectoralis major and minor were divided so as to expose freely the axillary vessels and nerves; the first ligature was found to have been properly applied, and to embrace only the artery; inferiorly, and in the direction of the vessels, the cellular tissue was slightly infiltrated with blood; the space between the two ligatures, placed above and below the wound, appeared to be from twelve to fifteen lines in length, and was comprised between the origins of the two circumflex arteries; the upper ligature was immediately below the origin of the anterior circumflex, and the lower one above that of the posterior circumflex. The left upper extremity was of a dark colour, and putrefaction seemed more advanced in it than in the neck or right side.



Loss of blood was found to have been the only cause of death.

"In addition to the interest that is always attached to wounds of large arteries, the above case appears to me to possess a certain value from the necessity I was under of modifying my original plan of operating, caused by the great loss of blood before the operation, and by the height at which the wound in the artery was situated. It is evident, from this observation, that cases may present themselves in practice, when ligature of the subclavian above the clavicle, or, at least, ligature of the axillary artery, above the pectoralis minor becomes indispensable, even in cases of wounded axillary artery, which we are not the less forced to tie both above and below the wound. But as my principal reason for thus operating in the above case, arose from the difficulty experienced in compressing the artery above the clavicle, by means of the fingers of an assistant, when the arm was raised, shall I be blamed for not trying some other method of compression? It strikes me that I would have found it as difficult to have kept in position either a pad or the handle of a key, and that the compression would have been in no way more certain.

"I would, therefore, in cases analogous to this, make it a rule, as a preliminary step, to stop the hæmorrhage by first tying the axillary artery below the clavicle. This would almost entirely arrest the hæmorrhage, and would give the operator sufficient time for applying the necessary ligatures both above and below the wound."

The method recommended by M. Laugier appears to me objectionable in many points, but principally on account of the difficulty that would result from the application of three ligatures, in the return of circulation to the limb.

After ligature of the axillary artery, simply above the pectoralis minor, abundant means of carrying on the circulation exist by the anastomoses of the transversalis colli, the supra-scapular, and the internal mammary with the thoracico-acromialis, the subscapularis, the circumflex and the external mammary; but, in this case, by the application of three ligatures, one above the pectoralis minor, the other below the origin of the anterior circumflex, and the third above that of the posterior circumflex, it is evident that the above circle of anastomoses would no longer be serviceable, and that the circulation would have to be restored principally by the anastomoses between the posterior circumflex, the supra-scapular, and the profound arteries.

That the blood could flow pretty freely by this channel, was shown by the fact of the bleeding having recommenced from the lower orifice of the wounded artery, more abundantly than from the upper, after its ligature below the clavicle. But, as observation has proved that mortification is more likely to ensue in a limb, after the ligature of its principal artery for wound than for aneurysm, we should avoid causing a greater obliteration of a wounded artery than is necessary, for the freer the communication between the collateral branches is, the more likely we are to obtain a favourable result. This, then, seems to me to be a most serious objection to the plan recommended by M. Laugier.

By cutting through more or less of the lower bor-

der of the pectoralis major, M. Laugier might have arrived, as he himself admits, immediately on the wounded spot; but he did not think that "the advantage to be derived from it would compensate for the great destruction of the axilla, the risk attendant on it, and the necessary loss of blood from the division of one of the thoracic branches." And he also adds, "the situation of the wound might require total division of the pectoralis major, a circumstance that should be avoided if possible." In the first place, I can conceive no wound of the axillary artery *through the axilla* would require total division of the pectoralis major. If the wound should have been made from above downwards, through the substance of this muscle, we have nothing to do but to follow Scarpa's advice, and enlarge the wound. In the second place, the division of the pectoralis major, sufficient to have exposed the wounded spot, would not have been attended with greater risk than the operation for tying the artery above the pectoralis minor. Instead of having one large wound, and thus simplifying the operation, two distinct ones were made; time, a matter of life and death in cases of wounded artery, was lost, and it is probable, that before deciding on his plan of operating, and whilst searching, through an insufficient opening, for the upper orifice of the wounded artery, more blood was lost than if he had divided half a dozen thoracics, over which he had immediate command.

It therefore appears to me a safer and more expeditious plan, in cases of wounded axillary artery, to follow the example of Desault, Roux, Delpech, and others, and not to be deterred, by the fear of dividing a few muscular fibres, from enlarging the wound, even if we have to cut through half of the pectoralis major and minor. By this method we arrive more quickly on the wounded spot, and, what is of more importance, we preserve a greater number of collateral branches for the subsequent restoration of circulation, than if we followed the plan of M. Laugier of tying the axillary artery above the pectoralis minor, in addition to its ligature above and below the wound.

## A CASE OF CROUP, SUCCESSFULLY TREATED.

By SIR ARNOLD JAMES KNIGHT.

1841. OCT. 10. Sunday, 9 A.M.—I was requested to visit a little boy about four years old. I found him in the advanced stage of a severe and neglected attack of croup. I was informed that about a fortnight before, his grandmother having gone from home, he cried so excessively that those about him could not pacify him, and they thought he had never been well since. On the Friday before I saw him, he had become so much worse, that his friends took him to a medical practitioner, who told them that he had got the croup, and gave him some powders, and a blister; they gave him the powders, but did not apply the blister: the boy grew still worse, and on Saturday night his symptoms were so much increased, that the friends sent for me on Sunday morning. The little patient's countenance was now pale; the lips livid; pulse quick; breathing and cough of that kind which is peculiar to the advanced stage of croup. Think-

ing that in his advanced state leeches would only occasion further depression, and that the danger was too immediate to wait the slow operation of a blister, I omitted both; applied a sinapism to the upper part of the chest; put his feet into hot water with mustard in it, and ordered five grains of calomel every hour, until the medicine should excite vomiting or purging.

1 P.M. Found him much the same, and continued the calomel, as it had not yet acted on either the stomach or bowels.

7 P.M. The child has taken four of the powders, containing each five grains of calomel; the fifth powder was lost, and the sixth was imperfectly administered. They had neither purged nor vomited him; he was not worse. I now ordered a teaspoonful of ipecacuanha wine every quarter of an hour, until vomiting occurred, and applied a blister betwixt his shoulders, to be kept on four hours; omitted the calomel.

Monday, 9 A.M. The patient had vomited after the second dose of ipecacuanha wine; he coughed up some phlegm, had seemed to swallow most of it; had had some sleep, and appeared better; the bowels not having been moved, I ordered an injection, and if that did not act, some castor oil.

Monday night.—The bowels had been moved by the castor oil, but the breathing had again become much more difficult; the skin was moist and clammy, and the child appeared to me to be so nearly suffocated, that though I had given his friends little hope from the first, I now told them he could not survive the night. I repeated, however, the ipecacuanha wine, and ordered two more calomel powders as before.

Tuesday, 9 A.M. The child had taken the medicine as directed; early in the morning the attendants thought him dying; a great change then took place for the better, and he became so much relieved, that at my visit I found him sitting up, and amusing himself with the keys of a piano-forte: he continued to improve through the day, and in the evening I found him amusing himself with some cards. He remained delicate for some days, then he gained his appetite and rapidly improved, until restored to his former state of good health.

P. S.—Detailed notes of the foregoing case were not kept, because, from the first, it was thought impossible for the little patient to recover.

*Sheffield, November 11, 1841.*

## ERRORS OF DIAGNOSIS.

BY JONATHAN TOOGOOD, ESQ.

SENIOR SURGEON TO THE BRIDGEWATER INFIRMARY.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—The publication of the late unfortunate case in which Mr. Liston mistook an aneurysm for abscess, recalls to my recollection one which was admitted into St. Bartholomew's Hospital, in the year 1806, whilst I was house-surgeon to that institution. This patient had a considerable swelling of slow growth immediately above the clavicle; the skin was much distended and inflamed. It was carefully examined by the

late Sir Charles Blicke, than whom no man had better tact or greater experience, and other able surgeons, who supposed it to be a scrofulous abscess, and it was determined to evacuate the contents in the usual way. On opening it, to the astonishment of all present, nothing but air escaped, the swelling instantly collapsed, and for some time afterwards the current of air in expiration was sufficient to 'extinguish a candle.' The patient died some weeks after, when dissection discovered a crumbling caries of the first rib, with tubercles and vomicae of the lungs.

"Humanum est errare."

I remain yours obediently,

JONATHAN TOOGOOD.

*BrIDGEWATER Nov. 18, 1841.*

## WAYS AND MEANS OF GENERAL PRACTITIONERS.

NO. II.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—In my former letter, (in No. 25, vol. ii.) I endeavoured to make it apparent that medical reform was a subject that chiefly concerned the general practitioner. That it was not so much a question of education and government, as of ways and means. That the necessity of a higher scale of education, and of better government of the profession collectively, however important, was not the great desideratum. The galling evil, which comes home to every breast, and which, like an incubus, weighs down the independence and honourable feeling of so large a body of intelligent and respectable men, is to be found in the practice of the profession; it is there that it is to be encountered, a constant stumbling block for ever in our way, alike embarrassing to our feelings of honour and integrity as injurious to our interests, against which all are ready to exclaim, and for which we would all most gladly accept a remedy. I allude to our dependence on the sale of medicines as a remuneration for our professional services; it is here that we must look for "the perilous stuff that weighs upon the heart." Give us but emancipation from this, and we become a new order of men; no longer to be regarded as petty traders, whose profits are elevenpence in the shilling, but men of science, whose proper business consists in supplying the art of medicine at its proper value. Once legally establish the practical value of the art of medicine, independent of the sale of medicines, and reduce the price of the latter, to the druggists' standard, (a most essential point in the reformation of the practice of the profession,) and we immediately obtain a free agency in the practice of our art, that would prove alike invaluable to us, and beneficial to the public. It would then be no longer a necessary duty to puzzle our brains, to devise the means of securing a remuneration for our time and skill, through the agency of bottles, and pill-boxes; but our whole and undivided attention may safely be devoted to our patient's benefit, our own being already legally and certainly secured.



That the profession, to a man, are weary of the present system, has been expressed on a variety of occasions, but on none more forcibly than in the observations which fell from Mr. Greenhow, at a recent meeting of the North of England Medical Association, reported in No. 4, vol. i., 1841-2 of your Journal, when he says, "It is a great many years since he became aware of the evils that exist in the state of the profession. So far back as twenty years, he was strongly impressed with the disadvantages under which the general practitioner laboured, in consequence of the necessity which then existed, and which he regretted to say was not yet abolished, of furnishing medicines, and being obliged to make a charge for them, in some degree adequate to his professional services (hear, hear). He thought then that this was not a creditable practice, and he had long wished that something might be done for its correction. The profession was rising in public estimation, in scientific attainments, and in usefulness and dignity, and he did hope that they would have secured to them by law that direct and honourable recompense to which they are entitled, instead of being compelled to smuggle, in the shape of a bill for medicines, the remuneration of their valuable services (hear, hear). This was due not only to the profession, but also to the public, for it must be obvious to every one, that the present system held out a temptation to furnish more medicines than the patient really required, and the mind of the practitioner was likely to be directed into a wrong channel, and consider in his prescriptions what was good for himself, rather than his patient" (hear, hear.)

To find my own so recently-published views, in part, thus echoed and applauded in so numerous an assembly of medical gentlemen, was an encouragement to renewed exertion in the good cause, which my drooping courage needed, and which it was impossible to resist. The great evil under which the profession labours, could not have been more modestly or more fairly stated; it was received with universal approbation, and all appeared equally desirous, as the gifted speaker himself, that a new order of things should be established. It is, however, often more easy to discover the nature and extent of a disease than to accomplish a cure, and all the discussion and labour that have hitherto been devoted to the subject of medical reform, appears, as you have properly observed, but to have made the difficulties attending it more and more manifest and overwhelming. General principles are easily disposed of, but the subject in detail is quite another thing. A "direct and honourable remuneration secured to us by law" sounds well, but where is the detail? the scale of fees? is it only an *ignis fatuus* that is thus so charming to our senses? can it not be reduced to figures? But I stated in my former letter, and again fearlessly repeat, that this is *not all* that is *essential*. The present system under which we exercise our art must be utterly changed. The system of *high* prices for medicines must be abolished. The trade of the apothecary, if he will have a trade, must be established anew on better principles; concede this, and we may reasonably demand a direct and honourable remuneration for medical time and skill, but without such concession we have no right to expect from the legislature any such privilege. This part of

the subject, of such vast importance, involving so peculiarly the respectability and pecuniary interests of the profession, I am doubly anxious to draw attention to. My own mind is made up; I am prepared for the change, well assured that the present most objectionable system is the parent of all evil, is inconsistent with the principles of honour and integrity, places us altogether in a false position, and is therefore quite indefensible and utterly abominable.

But to return to the table of fees; every part of the subject of medical reform, a scale of remuneration alone excepted, has been fully discussed; all acknowledge the desirability of being paid for time and skill, but no one has hitherto ventured to submit to the consideration of the profession a table of fees, corresponding to the terms "direct and honourable," or to conjecture the probable effect of the power to recover them upon the present order of things. Reduction in the price of medicines appears so certain a consequence of the privilege of recovering for time and skill, that I am emboldened to declare, it is not only a *necessary*, but the most *essential* part of the subject, for thoroughly am I convinced that without it no practical benefit to the profession is likely to emanate from any act of parliament that we may be able to obtain. An inquiry into the actual value of medical services, therefore, appears so necessary a preliminary, that it is surprising it has not engaged more attention than has been devoted to it. Certainly, before we apply to the legislature for power to recover a direct and efficient remuneration, the exact amount that would be satisfactory to all parties should be decided upon. The collective wisdom of parliament may not be so well suited to the accomplishment of this task as medical men themselves, who, it must be allowed, should be the best judges of the value of their own time; and if the amount were left to the discretion of a common jury, I greatly fear we should have but little cause to console ourselves for the advantage gained. If medical men then cannot decide the amount that would be satisfactory, who is to decide; and without such decision, how is a bill to be framed by which we may obtain the object of our wishes? Hence the necessity of this inquiry, which I undertake with great diffidence, but with the encouraging hope that if what I offer prove unsatisfactory to my colleagues, it may pave the way to elicit from others the ultimatum of our wishes.

I will assume then as an axiom, "that it is desirable we should have a direct, efficient, and honourable remuneration for our professional services secured to us by law," and will proceed to inquire what the value of those services is. If it be conceded that

"The proper value of a thing  
Is just as much as it will bring,"

there need not be much difficulty in ascertaining the exact amount; for we have it in our power to make calculations upon that which our services have actually produced, our ledgers will tell us what we have received hitherto, and our own conscience will decide the propriety of the sum. It may, however, be objected to this mode of coming to the conclusion, that the profession is at present badly paid; that the average amount of our remuneration is often very disproportioned to

the acknowledged value of our services; and, moreover, that all are not equally fortunate; and the sum that would be esteemed a good remuneration by one, may with great justice be regarded by another as very inadequate. Making allowance for these circumstances, much consideration, and many calculations upon the produce of my own practice, lead me to the conclusion, that the average value of a general practitioner's time may be fairly stated at 7s. 6d. per hour. I will therefore take this as the standard by which to regulate all my calculations, whether applied to the present system, or to that which I hope ere long to see universally prevailing under the authority of law; and although there may be some difficulty, under the present system, of always bringing home the average amount under that of reduced prices for medicine, and a constant and consistent charge for time and services, there will be a much greater facility and certainty displayed. Hence the desirability of keeping the isolated character of medical science constantly in view, as if that were the only article to be supplied, disregarding entirely the profit upon medicines as a recompense for time. This I hold to be the correct principle to guide us in all our calculations on the subject of remuneration, and the first principle that should be acknowledged, and acted upon, in any bill that may be brought before parliament. It does not imply that the apothecary shall necessarily discontinue to supply medicines to his patients, but makes it imperative that if he does so, it must be at a rate consistent with the value of the things themselves, and with power to recover 7s. 6d. per hour for time. It will presently be made manifest that medicines may be supplied at very much less than the present price.

Medical science, unassociated with the sale of medicines, is acknowledged by the public to be of great value, and has hitherto produced a good fee, or has been altogether gratuitous. That mighty power, public opinion, which is often more powerful than law, has established several orders of medical men; amongst which the general practitioner stands conspicuous. The public do not inquire in what respects the orders differ in their amount of qualification; the general practitioner is looked upon as good enough for ordinary occasions, and being most commonly used, his services are valued, not so much according to their comparative worth, as according to the supply and the ability of the public to pay. Hence it is to be inferred, that the present rate of remuneration is not far from the amount which in fairness it ought to be. It would be in vain for the general practitioner to calculate upon the same rate of payment as is awarded to his superior in public estimation; but he has a right to expect (being the working doctor of the whole community) a remuneration for his services, from all, in proportion to the mean value of his time, and the means of the different grades of which society is composed.

In proportion, therefore, as it is desirable that he should be paid for his services by the whole community, so is it necessary that a scale of fees must vary according to its gradations. One item alone may properly be valued the same to all,—I allude to the charge for mileage,—whether in the service of the rich or the poor, the expense of providing it, and the time consumed is the same, and will admit of no equitable abatement on the one hand, nor

does it require increase on the other. The ordinary rate at which practitioners in the country are paid for journeys does not exceed, scarcely averages, 1s. 6d. per mile; and that sum may be safely considered the proper charge; therefore I adopt it as a standard. A table of fees, then, which it would be desirable to establish under the authority of law, according to the principles I advocate, would stand thus:—

For every mile we travel out from home, whether in the service of rich or poor	s. d.
For every attendance upon a pauper	1 6
For bleeding a pauper, or dressing a wound, not associated with compound fracture, or other very serious case	1 0
For attendance in the family of a labourer, not a pauper	1 6
For ditto, in the family of a small tradesman	2 6
For ditto, ditto, a grade higher	3 6
For ditto, ditto, first class, within three miles	5 0
For ditto, ditto, exceeding three miles, not exceeding five miles	7 6
For ditto, ditto, exceeding five miles	10 0
For extraordinary attendance at the rate of per hour	7 6

Having thus presented a scale of remuneration, which may be greatly extended, for the consideration of the profession, I will in the next place, endeavour most fully to illustrate its mode of operation, and exemplify its superior advantage to the present system. I will also make its practicability apparent, by showing that while it promises to secure to us a reasonable, equitable, and honourable remuneration, it will add no additional burden, but prove a real benefit, to the public. But to pursue the subject further, on the present occasion, would extend my paper to a greater length than might suit the convenience of your pages, I will, therefore, reserve what I have farther to communicate for another occasion.

I am, gentlemen,  
Your obedient servant,

A Member of the Provincial Medical and Surgical Association.

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## PROVINCIAL MEDICAL & SURGICAL JOURNAL.

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SATURDAY, NOVEMBER 27, 1841.

In a recent number of this journal we presented our readers with a brief record of the several provincial schools of medicine now existing in England, and endeavoured to point out a few of the advantages likely to accrue to the pupil from the establishment of these institutions. It is our present intention to offer a few remarks on the



system of medical education adopted on the other side of the Channel, and on the means afforded the student of acquiring a competent knowledge of his profession in the Dublin Schools of Medicine.

In the Irish metropolis there are four licensing bodies—the University, the King and Queen's College of Physicians, the College of Surgeons, and the Apothecaries' Hall. The first two, though conferring separate degrees in medicine, have, in some respects, a community of interests, and form what is termed "the School of Physic in Ireland." In this faculty the professorships of Anatomy and Surgery, of Chemistry, of Botany, and the Regius Professorship of Physic, are attached to the University, the remainder to the King and Queen's College of Physicians. In addition to those above mentioned, the University established some years ago a professorship of Natural History, now filled by Dr. Whitley Stokes, and within the last twelvemonth, a lectureship of Chemistry, in connexion with their recently-founded School of Engineering, which they have conferred on Dr. Apjohn. Attendance on the lectures of these last two is not included among the requirements for their medical degree. The Board of Trinity College have lately introduced an important improvement into the mode of conducting their medical examinations, by increasing the number of the examiners, and by rendering what was formerly little better than a ceremony, a practical test of professional acquirement. On the other hand, we conceive that they have lowered the respectability of their degree, by abolishing the necessity of a previous graduation in Arts,—their latest regulations declaring that the degree of M.B. will be granted by the University of Dublin, after four years' study, with or without previous graduation in Arts.

During the past year, two professorships in the School of Physic have become vacant; that of Practice of Physic, by the much-lamented death of Dr. Lendrick; and that of the Institutes of Medicine, by the resignation of Dr. Graves; Dr. Greene has succeeded to the former, and Dr. Law to the latter, professorship. In making these appointments, the College of Physicians have honestly and judiciously discharged a very important duty, and we congratulate them on the selection which they have made.

The College of Surgeons in Ireland form a very numerous and influential body. Into the history of their political constitution we do not at present intend to enter; we may, however, state that, as in similar corporations, the great majority of those holding its license possess no voice in its councils, a comparative few engrossing the power of electing

the various officers and courts of examiners, arranging and determining all questions of finance, and framing regulations for the education of the pupil, and for admission to the license.

The bye-laws relating to education and to the examination of candidates for letters testimonial, require a course of study as ample as that of any other college; but whether sufficiently so, especially as regards the period of time employed in study, we think admits of doubt. Among the general regulations it is enacted, that the candidate for letters testimonial shall be publicly examined on two several days in anatomy and physiology, on the practice of medicine and surgery, and on any other branch of medical science, and shall perform such surgical operations and dissections, and explain such anatomical preparations, as the court may require. And, secondly, that the candidate, being a registered pupil, shall be allowed to pass the first of the two days' examination above mentioned, on anatomy and physiology, on laying before the court of censors certificates of attendance on specified courses of lectures, showing that he has been engaged in the study of his profession for not less than three winter sessions in Dublin, London, Edinburgh, or Glasgow; and that such candidate shall be admissible to the second day's or final examination on the other subjects above enumerated, when he shall have laid before the court of censors all the documents required by the bye-laws relative to "qualifications for the letters testimonial."

By these regulations, the first day's examination, which usually comprises anatomy, physiology, and pathological anatomy, may take place at the termination of the third year of study; and as the college require certificates showing that the candidate has been engaged in the study of his profession for not less than four years, the pupil is enabled to employ his whole time, and devote his entire attention, during the last year of his novitiate, solely to the more practical departments of surgery and practice of medicine. How far this novel plan will realize the favourable anticipations of its proposers, experience must decide; it seems, however, to have met with the approbation of the pupils, who appear to think that their dangers are diminished by the distant separation of their days of trial.

Although we do not for a moment deny the propriety of judicious reforms in medical education, nor refuse our assent to properly-matured plans of improvement in a subject of such vast importance, yet we conceive that uncertain legislation is equally injurious in a college as in the senate. Within a very few years the entire system of education in the Irish College of Surgeons has under-

gone repeated and extensive alterations, and but few permanent improvements: half-yearly examinations were established, we believe, on good grounds,—only to be relinquished, we suppose, on grounds equally good. Separate courts of examination in pharmacy and midwifery, with appropriate requirements, were then instituted, and their certificates declared a necessary qualification for the diploma; these courts are still in being, but it is now optional with the pupil to avail himself of them; and, for our own part, we are at a loss to discover any good reason for their continuance. The “latest improvement” we have already adverted to, by which the two days of examination, which were formerly within a week of each other, may now be separated to an almost indefinite period, according to the wish or convenience of the candidate. Such frequent changes, and the consequent uncertainty to which they give rise, exert an unfavourable influence on medical education, and become a cause of complaint and a source of suspicion on the part of the pupils. We trust, however, that an efficient medical reform will, in due time, put an end to these and all other anomalies.

The advertisements for this winter session exhibit a list of seven medical schools in the city of Dublin, all conducted by skilful and experienced teachers. At the termination of the last season nine were in existence, but two have since been closed. The survivors are, the School of Physic in Ireland, the school attached to the College of Surgeons, and the following private schools:—the Park-street School of Medicine, the Richmond Hospital School, the two Peter-street Schools, and the School of the Apothecaries’ Company in Cecilia-street. The School of the College of Surgeons includes professorships of all the branches of medical science required as qualifications for letters testimonial; and, in addition to these, the college some time since established a professorship of Natural Philosophy, and endowed it with a permanent salary. This chair is occupied by Dr. Apjohn, the present professor of Chemistry in the college, a gentleman in every way well qualified to fill it. This, however, is not all that the College of Surgeons have done for the advancement of science and the benefit of the profession; they have lately instituted a professorship of political medicine, with a salary, we believe, of 100*l.* per annum attached; this will prove, no doubt, a very acceptable berth for any one of their professors, whose original chair has become a sinecure.

The election is to take place on the 13th of December next, and candidates are invited, *by advertisement*, to send in their qualifications to

the college “on or before Thursday, the 2nd of December.” The college, perhaps, intend, by this agreeable farce, to accommodate their generosity to the provisions of their charter, but we believe it to be notorious to the members of the profession in Dublin, that the professorship in question was founded expressly for the occupation and pecuniary advantage of a particular individual.

The private schools of medicine in Dublin are most of them well conducted, and under the superintendence of able and efficient teachers. Their numbers, however, far exceed the demand, an evil that has arisen partly from the diminution in the ranks of the pupils, and partly from the too great facility of establishing these institutions. We say an evil, for assuredly it *is* one which can lead to dissensions and jealousies among teachers, and which could induce members of an honourable calling to descend to unprofessional means of recruiting their classes by puffing, by underselling each other, and by holding out improper inducements to pupils to allure their companions to some particular school. This demoralizing system has been checked, and we hope abolished, by a coalition of the teachers in Dublin, formed at the commencement of the last session, “for the purpose of amending the system hitherto pursued in conducting the medical classes.” The result of their meetings was a declaration signed by most of the teachers, voluntarily pledging themselves, on word of honour, to adhere strictly to the resolutions they had passed, and the regulations they had framed. By these resolutions, the minimum fee for the several courses was fixed, and a committee of representatives from each school formed, to correct and prevent any irregular proceedings on the part of either teachers or pupils.

As a medical school, Dublin has long been celebrated, not only for the bright names that have appeared among its teachers, but for the unusual facilities presented to the pupil of studying every branch of his profession under the most favourable circumstances. Its hospitals, though not containing so many beds as some of the large London and Parisian institutions, are of a size admirably adapted to the purposes of education. The well-arranged though limited number of cases, the universally-adopted method of clinical instruction, and the close attention paid to pathology and pathological anatomy in all, render them most efficient schools of surgery and medicine. To these we may add another advantage, easily appreciable by medical students, that the fees for attendance are adjusted on an extremely moderate scale. The merits of the Dublin Lying-in Hospital are too well known over Great Britain to re-



quire any eulogium from us; and, under its present master, its high character is not likely to suffer any deterioration.

But it is chiefly as a school of anatomy that Dublin has attained, and still deserves, its prominent position; for many years it was without a rival in these kingdoms, and we believe its supply of subjects for anatomical purposes was, at the time we refer to, unequalled by any school in Europe, with the exception of Paris. Although the operation of the Anatomy Act has considerably reduced its former overflowing abundance, the present legitimate sources of supply have hitherto proved fully equal to the demand; and we have no hesitation in affirming, that were the intentions of the legislature fully carried out in the Dublin workhouses, the schools of medicine in that city would not have reason to feel a shadow of regret at the introduction of that statute. As the law now stands, with all its disadvantages increased by the timidity or morbid humanity of the workhouse guardians, the deposit for subjects, as fixed by the committee of teachers, amounts to only thirty shillings for a full course of dissections; and a portion of this sum is uniformly returned to the pupil at the termination of the session.

Though not immediately connected with the schools, yet, as operating most beneficially upon the students, we may mention the numerous societies existing in Dublin for the promotion of medical science. Some of these, as the Dublin Medico-Chirurgical and Obstetrical Societies, have been instituted by the pupils themselves, with the encouragement and under the superintendence of their seniors; and others, as the Surgical and Pathological Societies, have been established by the physicians and surgeons of Dublin, and are open to the pupils under proper regulations.

The limits of a brief notice, like the present, will not admit of our entering so fully as we could wish, or as might be expected, into the details of our subject: we must, consequently, omit much that is worthy of remark, and much that merits our commendation: we believe, however, we have adduced sufficient evidence to prove that, although the Irish College of Surgeons has its imperfections—and what human institution is without them?—Dublin still holds a deservedly high rank among the medical schools of Great Britain.

DR. PAYNE AND DR. CARPENTER.

WE have been requested by Dr. Forbes to give insertion to the following paragraph.

Dr. Martyn Payne of New York, in a pamphlet

recently published by him, and extensively circulated (gratuitously) both in this country and America, having accused Dr. William Carpenter of Bristol of plagiarism from Dr. Channing, in a review of John Hunter, published some years since in the British and Foreign Medical Review, I feel it due to Dr. Carpenter to state thus publicly, and in the most unequivocal terms, that Dr. Carpenter did *not* write the review in question.

JOHN FORBES.

London, Nov. 20, 1841.

## ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, Nov. 9, 1841.

DR. WILLIAMS, President.

*Case of Cyanosis depending upon Transposition of the Aorta and Pulmonary Artery.* By Dr. Walshe, Professor of Pathological Anatomy in University College.

THIS was a case in which the origins of the aorta and pulmonary artery were transposed; the former arising from the right ventricle, the latter from the left; while the connexions of the venous trunks, pulmonary and cava, were natural. The coronary arteries were given off in the usual manner immediately above the sigmoid valves of the aorta; the ductus arteriosus pervious, and wide enough to admit a good-sized probe, communicated in the ordinary way with the aorta and pulmonary artery; the foramen ovale open; the ventricular septum not perforated; the walls of the right ventricle were from two to four times as thick as those of the left; the aorta and its branches constantly circulated black blood, with the exception of the extremely small quantity of red fluid carried from the pulmonary artery by the ductus arteriosus; the pulmonary artery and its ramifications constantly circulated florid blood, with the exception of the small quantity of black, which may have found its way through the foramen ovale from the right into the left auricle; the viscera were rather larger than in naturally-conformed individuals of the same age; the heart was even hypertrophous; yet the later viscus was nourished by venous blood only; the former by blood very slightly oxygenised.

The subject of this malformation lived to the age of ten months; a much longer period than any of the subjects of the few similar cases on record.

*On the Operation for the Cure of Hydrocele by a retained Injection of Diluted Tincture of Iodine.* By J. R. Martin, Esq., formerly Surgeon of the Native Hospital, Calcutta.

In consequence of an accident of a serious nature, which occurred several years ago to a native, in the Calcutta Hospital, upon whom the usual mode of treating hydrocele was adopted, namely, that by port-wine injection, the author, in the next case, substituted tincture of iodine for the

wine. Two common urethra-syringefuls were injected, of a mixture made in the proportion of one drachm of the tincture to three drachms of water. Acute pain and faintness followed, which were relieved by the recumbent position, and the injection was retained, the scrotum being moved about so as to bring the fluid into free contact with the vaginal cavity. In five days the patient was discharged cured, scarcely any other treatment having been necessary.

From the time of the occurrence of this case, in March, 1832, to the end of 1839, 2,393 cases were operated upon in the Native Hospital, under the orders of the author in the manner above described, some cases only, in which the tumor was of very great size, having required two syringefuls of the injection.

The author, after entering into the details of many of the cases in which he employed the above treatment, sums up its advantages as follows:—

First. That it is far more simple and easy of performance than any operation before employed.

Second. That no serum has in any case been reproduced, requiring a second tapping.

Third. That little care is required in the after-treatment.

Fourth. That the failures are under one per cent.; and, lastly, that the operation is free from all danger of infiltration of the scrotum, from the quantity of injection being so small, and from its being retained within the tunica vaginalis.

## ON A NEW GLASS SYRINGE FOR GONORRHOEA.

By WILLIAM ACTON.

At the conclusion of the business of the meeting, Mr. Acton showed a new glass syringe which he has invented for the employment of nitrate of silver injections in gonorrhœa. The following remarks briefly indicate the advantages of this instrument; we have appended them to the report of the society, although they do not exactly belong to it.

Surgeons who are called upon to treat gonorrhœa in the male, need not be reminded of the difficulty of curing a complaint which usually brings little credit to the medical practitioner. It was not the object of Mr. Acton, in bringing his syringe before the notice of the society, to enter into details on the nature and treatment of gonorrhœa, otherwise than as it is connected with the employment of syringes, those subjects having been already fully attended to in his late work, entitled "Practical Treatise on Venereal Diseases," &c. The principal reason why gonorrhœa is of so rebellious a nature, depends upon the instruments we have in general use, and the inefficacy of the directions given to patients on the manner of employing injections. Mr. Acton finds that the secret of success depends upon a few simple suggestions, and on the syringe which he is in the habit of employing. The general use of nitrate of silver in most affections of mucous membranes, and the liability of that salt to become decomposed, render the employment of glass syringes at present indispensable. The instrument recommended by Mr. Acton is made wholly of that material; its transparency is attended with a

further advantage of enabling us to see how full the syringe is, and it can be easily washed when any other injection is subsequently employed. These advantages would alone, Mr. Acton thinks, introduce it into general use, but he has combined them with others of no less practical benefit, namely, that of a bulb instead of a point, which is so liable to injure the inflamed mucous membrane. Pressure can easily be made on this part of the syringe, although that is hardly necessary, as the bulb to a certain extent prevents the escape of the fluid injected into the canal. Patients who are not in the habit of employing a syringe, rarely hold the instrument in the right position, consequently the conical part is directed against the wall of the urethra, and the fluid is prevented from escaping—a circumstance which cannot happen with this form of instrument, as the bulb will be the means of preventing it. Mr. Acton believes that he has added to the force and compactness of the projected fluid, by causing it to pass through the canal marked in the annexed wood-cut with a star, and which is to the syringe what the hose is to the fire-engine, for, as any one will observe in the ordinary syringe, the apex of the cone is at the extremity of the instrument; in the present one it is within half an inch of its extremity, and the fluid may be consequently thrown to a great distance without the stream becoming divided or scattered. This is no in-

considerable benefit, where it is the surgeon's object to throw the fluid far into the urethra in old standing gleet. Mr. Acton has chosen the bulb of the present size, as it usually enters readily into the meatus, but, passed beyond that point, it does not distend the urethra, which is there large enough to receive it, for persons who contract gonorrhœa have usually a large meatus. The present tube contains more than enough, for the urethra will hold but a small quantity. When a syringeful was injected, patients complained of pain, and a larger quantity was followed immediately by slight hæmorrhage, and scalding in passing water.

In employing an injection, the patient should be seated on the edge of a bed, or standing up; the glans penis should be moderately pressed by the circle formed by bringing the point of the index finger to the first joint of the thumb of the left hand; the bulb of the syringe may be introduced a quarter of an inch into the urethra, and the piston forced down rapidly by the index finger of the right hand, and allowed to remain a few seconds

—in this way no fluid will escape between the instrument and the urethra.





## CREATION OF A ROYAL ACADEMY OF MEDICINE IN BELGIUM.

THE King of the Belgians, by a decree, dated Paris, Sept. 19, 1841, has instituted a Royal Academy of Medicine in Belgium. The objects for which the academy has been instituted are stated to be,

1st. To assist the government in all questions relative to public health, legal medicine, and veterinary medicine.

2d. To promote such researches and investigations as are calculated to advance the different branches of the healing art.

The academy is divided into six sections, viz. 1. General and comparative anatomy and physiology; 2. Medical and pathological anatomy with therapeutics; 3. Surgical pathology, operative medicine, and midwifery; 4. Public health, medical police, toxicology, and legal medicine; 5. Materia medica, pharmacy, and medical chemistry; 6. Veterinary medicine.

The rules for the government of the academy, and its mode of constitution, are fully detailed in the ordinance.

[The advantages of an institution of this kind, in connexion with the executive, are too obvious to require setting forth here; and we feel firmly convinced that due attention would be paid to this important subject, were it brought before the government in a *proper* form, and by *proper* persons.

There is no body of medical men in this country, which contains so many of the elements of an "academy of medicine" as the Medico-Chirurgical Society, and we would here suggest to the council of that body the propriety of taking up this subject, earnestly and with energy.—Eds.]

## ASSOCIATION OF MEDICAL OFFICERS

OF

### HOSPITALS FOR THE INSANE.

THE first annual meeting of the members of this Association was held at the Lunatic Asylum at Nottingham, on the 4th of November, 1841, and subsequent days.

There were present—Dr. Blake, (in the chair,) Nottingham Asylum; Dr. Corsellis, of Wakefield; Dr. Crommilink, Bruges, Belgium; Mr. Gaskell, Lancaster Asylum; Dr. Hitch, Gloucester; Dr. Pritchard, Northampton; Mr. Powell, Nottingham; Mr. Prosser, Leicester; Dr. Shute, Gloucester; Mr. Smith, Lincoln; Mr. Thurnam, York Retreat; the Rev. R. W. Wilson and Thomas Close, Esq., Governors of the Nottingham Asylum, Visitors; and Dr. Bowden, Hanwell, Visitor.

The minutes of the meeting held at Gloucester having been read,

It was resolved—1. That the governors of the

institution, at which the association shall hold its meetings, be invited by the medical officers thereof to be present at the discussions.

2. That in the resolution, No. 3, of the meeting of July 27, 1841, the expression "Medical officers attached to hospitals for the insane," be meant to include medical gentlemen attached to private, as well as public, asylums.

3. That gentlemen desirous of becoming members of the association, be proposed by two members, for election by ballot; and that notice of such proposition be sent by the secretary to each member one month previous to the time of election.

4. That ballot papers be furnished by the secretary to each member of the association, which shall be filled up, and either transmitted to the secretary, or deposited with him at the time of meeting.

5. That at the election, a majority of two-thirds shall be requisite for the admission of each candidate.

6. That in the resolution, No. 4, of July 27, the word *official* be added to that of *legal*.

7. That Dr. Shute be requested to act as treasurer.

8. That the annual meetings be held on the first Thursday in June of each year.

9. That Dr. Shute, Dr. Corsellis, Mr. Thurnham, and Dr. Hitch, be a committee, to consider the best form of registers and tabular reports, as recommended in the resolution, No. 8, of July 27.

10. That this association, as it may think proper, shall select as honorary members, gentlemen, whether medical or otherwise, who shall have distinguished themselves by the particular interest they have exhibited in the subject of insanity.

11. That Mr. Samuel Tuke, of York; Mr. Farr, of London; Dr. Bowden, of Hanwell; and Dr. Gislain, of Ghent, be now elected honorary members.

12. That the annual subscription be one guinea, to be paid in advance at the annual meetings.

13. That it is desirable that plans be collected by and for the association of all hospitals for the insane: and that such consist, as far as possible, of elevations, ground plans, sections, drains, means of warming and ventilating, &c. &c.; and that they be accompanied with descriptions of the site, soil, neighbourhood, &c., of the hospital; and that they be reduced to a scale of forty feet to one inch.

14. That without pledging themselves to the opinion that mechanical restraint may not be found occasionally useful in the management of the insane, the members now present have the greatest satisfaction in according their approbation of, and in proposing a vote of thanks to, those gentlemen who are now engaged in endeavouring to abolish its use in all cases.

15. That the chairman be requested to express to the Secretary of State the opinion of this meeting, that for the benefit of the insane poor, the word dangerous should be omitted from the 45th section of the Poor-law Amendment Act, when that measure shall be again introduced to the consideration of the honourable members of the House of Commons.

16. That the warmest thanks of the association be offered to the governors and medical officers of the Nottingham Asylum, for their kindness in

inviting the association to hold its first annual meeting at that establishment; and for their kind entertainment of its members whilst there.

17. That the next annual meeting be held at Lancaster.

## ACADEMY OF SCIENCES.

Paris, November 15.

### COMMUNICATION OF GLANDERS FROM ONE INDIVIDUAL TO ANOTHER.

M. A. BERARD communicated the following fact.

The transmission of farcy and glanders from the horse to man is well known, but no fact of the possibility of these diseases being communicated from one human subject to another has as yet been published. The following case unfortunately proves that such infection may take place.

M. Rocher, medical student, and one of the *externes* attached to the hospital Necker, had the charge of dressing a patient affected with chronic farcy and then acute glanders, who died last month in the hospital. It had been necessary to dress the patient several times a day, and M. Rocher, in addition, had examined and noted the case with the most minute attention. M. Rocher also assisted at the examination of the body, and held the head fixed while the nasal fossæ were being severed through; the parts, to which M. Rocher's hands were applied, were the seat of gangrenous eruption. A short time before the groom's death, M. Rocher had suffered from diarrhœa and colic, but the fatal disease appeared on the night after the autopsy. It commenced with rigors, general pains, and fever; for two days the *externes* were able to leave his chamber, but on the third day the pains became fixed in the left thigh, right arm, and right side of the chest; they were very severe; on the fifth day M. Berard discovered tumors analogous to those of farcy in the thigh and shoulder. The tumor of the shoulder disappeared, but that of the thigh softened and was opened on the sixth day of the disease; the contents of the abscess were pus mixed with blood; on the same day a horse was inoculated with the matter.

A fresh collection now formed over the right internal ankle, and finally, on the fourteenth day, the skin of the nose became red, hot, and painful; on the following day the redness spread over the cheeks, eyelids, and forehead; and gangrenous phlyctenæ with pustules appeared here and there on the red and swollen parts of the visage. The next day a sanguineous fluid was discharged from the nostrils; the whole body became covered with pustules, and the unfortunate patient perished on the 16th day of the disease. The horse which had been inoculated also died on the same day, with all the symptoms of acute glanders.

The above case proves in the clearest manner that glanders is communicable from one human subject to another. M. Rocher did not contract the disease by inoculation; his hands were free from the slightest scratch while he acted as dresser, and while he was employed at the autopsy; besides, he always used the precaution of washing his hands after having touched the

patient; hence he must have contracted the disease in the same way that small-pox or scarlatina is contracted. The present case is of much greater interest as connected with public health, than as a matter of science; it shows that medical men are exposed to danger while treating patients who labour under glanders, and confirms the propriety of the rule already established by the government, that all glandered horses should be immediately destroyed.

## EFFECTS OF THE TENDER SYSTEM.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—An article in your Journal for November 13th, entitled "Hint for Members of Parliament and Poor-law Commissioners," has induced me to communicate the following information relative to the election of one of the parish surgeons to the Hundred within which I reside.

Some few weeks since, an advertisement appeared in one of our provincial papers, for a medical officer to eight parishes within the Hundred of Mutford and Lothingland, which parishes, I am informed, contain a population of about 3,646. The duty of such medical officer, according to the printed regulations, shall be as follows:—"To attend all poor persons under the care of the directors and acting guardians in all cases of sickness, imbecility of mind, hurts, fractures, accidents, and difficult labours, whether such persons belong to any parish within the hundred or not; and also to find and provide all proper drugs, medicines, and dressings for such patients, &c. &c., without any charge in any of the said cases beyond his respective salary." At the quarterly meeting of the directors and guardians, it appears that three professional gentlemen proffered their services, *by tender*, in compliance with the published requisition: the highest tender being 32*l.*, the second 20*l.*, and the lowest 16*l.* per annum, which of course was accepted. It may be as well to observe, that the medical gentleman who resigned the office, and which caused the vacancy, received the annual salary of 40*l.*

Without offering a remark upon this most injudicious method of appointing men of education and respectability as medical officers to "unions,"

Believe me to remain, gentlemen,

Your obedient servant,

SAMUEL S. BRAME.

Lowestoft, Nov. 19, 1841.

## MUNIFICENT DONATION.

A NATIVE of great wealth in the Presidency of Bombay has given a lac and 75,000 rupees for the purpose of founding a hospital in that presidency.



# REPORT

OF

## THE POOR LAW COMMITTEE

OF THE

### PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.—1841.

(N.B. Extracts from this document were read at the York Anniversary.)

§ 1. AT the sixth anniversary meeting of this association in 1838, your committee were appointed "to watch the further progress of the question of Poor-law Medical Relief in Parliament, and to suggest to the council, from time to time, such measures as may appear to them necessary to meet the circumstances as they arise."

§ 2. The Select Committee of the House of Commons appointed to inquire into the operation of the Poor-law Amendment Act had not at that time made their final report, when the council of this association, anxious to promote the adoption of the principal suggestions of the medical witnesses, and uncertain as to the result of the inquiry, forwarded a petition to parliament,\* which your committee deem of sufficient importance to be here quoted at length, as furnishing the groundwork of their subsequent proceedings.

"The Petition of the Council, &c. &c. &c., humbly sheweth,

1. "That the obnoxious character and injurious tendency of the arrangements for medical relief under the Poor-law Amendment Act, which have been repeatedly complained of on former occasions by your petitioners, have been recently shown in evidence before the select committee (on the said act) of your honourable house.

2. "That the system of contracting by tender for medical services ought to be abolished; and that the extent of medical districts should be greatly diminished.

3. "That to secure the proper distribution of duty, equitable remuneration, and suitable appointment of medical officers, an authorized official co-operation of the medical body in each union, with the board of guardians, is essentially necessary.

4. "That to ensure a competent supervision and control of the medical department of the poor-law, the appointment of some central medical authority, in connexion with the poor-law commissioners, is indispensable.

5. "Your petitioners, therefore, pray that your honourable house will speedily enact such measures for these purposes as to your wisdom shall seem fit, &c. &c."

The importance of urging the propositions contained in the third and fourth paragraphs of this petition soon became apparent.

For while the report of the parliamentary committee admitted the existence of the evils complained of by the medical witnesses, and recommended by the adoption of several of their suggestions, it nevertheless objected to the appointment of medical authorities, by whom alone, in the opinion of the petitioners, the requisite amendments could be effectually carried out.

\* This petition was presented by Mr. Gladstone at the instance of Mr. Serjeant Talfourd, in his absence on circuit.

The advantages which the profession had gained by having substantiated their case before a committee notoriously opposed to any material alteration of the poor-law, was justly considered incomplete, in the absence of any acknowledgment of an essential defect in the composition of the administrative bodies.

§ 3. Your committee, therefore, at first endeavoured to procure a legislative sanction to the appointment of a medical commissioner, or director, in London, and of medical assessors or referees in each union.

It was hoped that these simple propositions would be more favourably received than a series of minute details, which, however adopted for the consideration of a parliamentary committee, might not receive adequate attention from the legislature, and would probably lead to discussions with medical practitioners in some localities.

One of the earliest steps taken by your committee, was to place themselves in communication with Mr. Serjeant Talfourd, who, having promised his powerful assistance, and being neither personally nor professionally affected by the question, appeared to the council of this association peculiarly qualified to take the lead in bringing forward the measure in parliament; though, at the same time, success was hardly expected without the co-operation of Mr. Wakley.

Accordingly, your committee submitted to the learned serjeant the heads of a bill,\* which he expressed his willingness to introduce if practicable, but pointed out a technical difficulty, which is here described in his own words.†

"The formal consent of the crown is necessary to sanction the passing of a bill which proposes to create a new office with a salary, charged on the consolidated fund. That consent may be given at any time before the final stage of the bill. But it is in the power of any member of the house (and the Speaker would probably consider it his duty) to interfere at any stage, and inquire of the party introducing the bill, whether he had obtained such sanction, and upon an answer in the negative, and in the absence of assent then signified, to stop the further progress of the measure."

Mr. Talfourd's opinion of the proposed bill was conveyed in the following terms.—

"I have little doubt that it will ultimately be found that the alterations in practice, which the parliamentary committee advise, cannot be fairly carried into effect without the protection which you recommend, of a medical commissioner controlling two assessors, one chosen by the medical gentlemen of each district, the other by the board of guardians.

"But at the same time I feel it is premature to insist on the establishment of such a system, until an opportunity has been afforded to the present commissioners, and to the boards of guardians, to attempt the realization of the views adopted by the report, by reducing the size of the medical districts, by raising the remuneration of the medical attendants on the poor, and by wholly discontinuing the practice of advertising for tenders. Although strict justice to the medical profession, and, yet more, a grateful sense of their long and almost uniform sacrifices to the interests of the poor, may require that they should be subject only to the supervision

\* Medical Gazette, vol. i. 1838-39, p. 760.

† January 12, 1839.

of officers who understand their science, and who sympathize with their feelings, I think their claim must mainly rest on the practical grounds which have been so vividly presented by the evidence of the medical witnesses, and so strongly confirmed by Dr. Kay. These are all substantially admitted by the committee, who yet, adopting the opinion of Dr. Kay, dissent from the suggestion of the establishment of officers purely medical. Now, I own that it appears to me to be difficult to meet the preliminary argument in this state of things, namely, that the claim for that which the committee have (for the present) repudiated, can only be presented with a prospect of success, or even with such an apparent chance of success, as shall justify a great profession in urging it, on the failure of the existing means to obtain the end, which the committee believe to be just.

"Should that failure become apparent, the claim will be almost irresistible, because founded on premises which have been conceded; but I fear that if urged on the anticipation that the recommendations of the committee must fail, it will be rejected as too hasty, and may retard the ultimate success of the cause."

He continues, "While I present the opinion I have formed for the consideration of your committee, I am still ready to assist in any course which you may, on deliberation, prefer; and therefore, if you desire it, I will make a formal application to Lord John Russell by letter, for the assent of the crown to the introduction of the proposed bill."

§ 4. This highly important advice of Mr. Serjeant Talfourd was deliberately weighed by your committee, who came to the conclusion, that no reliance could be placed on the future management of the question by the poor-law commissioners.

It was observed that, although in a very few localities, an altered tone appeared in the medical proceedings of the commissioners and guardians, and likewise a disposition to consult the profession on matters affecting their duties and interests, yet that no substantial or general amelioration of system had taken place since the report of the parliamentary committee; appointment by tender, for instance, was still adopted in several unions under the sanction of the commissioners.

Your committee were also convinced, from long and close observation of parochial and union authorities, that if general or even special directions to boards of guardians for the improved administration of medical relief were issued, (which was extremely doubtful,) they would either be perpetually evaded, or else but imperfectly obeyed, without medical supervision.

Besides, some were inclined to hope that the very announcement of demands founded in reason and justice, might strengthen our cause, while it could scarcely increase the number of our opponents.

For these reasons, therefore, it was agreed that the bill ought to be pressed forward, in order that the association might publicly record their conviction that such a measure was essential to the due settlement of the question.

§ 5. Your committee, according to the terms of appointment, submitted this decision to the central council, which passed the following resolution:—

"That this council are of opinion that it will be

most judicious to be entirely guided by the advice of Mr. Serjeant Talfourd, as to the time of bringing a bill into parliament."

The choice of a suitable opportunity for applying for the assent of the crown to the introduction of the bill was accordingly left wholly to the judgment of your parliamentary advocate. At the same time some amendments were made in the proposed measure.

It was thought that the appointment of a second assessor by the guardians would be rendered unnecessary, by giving the elected *medical* assessor a seat at the board, and by making his assent (or, in case he withheld it, the decision of the medical commissioner,) essential to the validity of the medical arrangements.

Also that the proposed remuneration of the medical assessor should be deducted from the medical salaries of the union, and not charged on the public funds, which might provoke additional hostility in parliament.

The privilege of electing such representatives would, it was conceived, fully compensate the profession for bearing the trifling cost.\*

§ 6. The result of these deliberations was laid before Mr. Serjeant Talfourd, on the 19th of February, 1839, who was soon afterwards induced to recommend a different course, the reasons for which your committee proceed to notice.

At Mr. Talfourd's suggestion, the parliamentary aid of Mr. Wakley had been requested in the preceding January.

The reply to this request was received in March, through Mr. Farr, to the effect that, as the re-appointment of the poor-law commissioners would be discussed in the course of the session, it would, in Mr. Wakley's opinion, be unwise to propose, on the part of the medical profession, any addition to the commission.

Mr. Wakley, strongly objecting to their re-appointment, was unwilling to sanction it by proposing a medical commissioner, and thought that it would be time enough to urge the government to nominate such an officer, when the reappointment of the central board should be determined on.

Mr. Wakley subsequently reminded Serjeant Talfourd, that, by the provisions of the Poor-law Amendment Act, the powers of the commissioners would expire with the next session of parliament, and that consequently the government must, ere long, bring forward a measure for the renewal of these powers, at which time all the defects of the act must come under discussion.

Mr. Talfourd, influenced by these considerations, no less than by his previous views, recommended the association "to wait until the government gave notice of the introduction of their own bill, and then to meet them with notice of the clauses which would have formed the subject of our proposed bill, but which then, without any formal difficulty, we should propose as an integral part of theirs."

"I cannot doubt," added he, "that if we take the opportunity of the committee on the government bill to insert our own clauses, and avail ourselves of the desire ministers (whether the present, or Sir Robert Peel's friends, is immaterial,) must feel to conciliate support to their

\* The amended propositions are contained in the appendix to this report.



main purpose, and of the influence which medical men must have over the representatives of boroughs, we shall succeed in procuring the appointment of a medical commissioner, with its attendant safeguards."

§ 7. The probability of the government measure being speedily introduced, rendered it important that your committee should learn more distinctly Mr. Talfourd's views with regard to the nature of the medical relief clauses. Accordingly, on the 5th of April, the learned Serjeant and two members of your committee met at Gloucester\* to discuss the details of the proposed bill.

The main point under consideration, on this occasion, was the appointment of medical assessors.

Mr. Serjeant Talfourd was of opinion that many difficulties would attend these local elections, that they might sometimes assume a political aspect, that the profession might be divided into parties, and that the minority might consider themselves deprived of due protection;† and so that, on the whole, the proposition being both novel and unlikely to be favourably received in the house, he should prefer merely proposing the appointment of a medical commissioner.

In deference to the judgment of your able advocate, your committee deemed it right to waive the demand for union medical assessors, which accordingly has not formed a feature of the subsequent measures proposed by this association. They cannot, however, avoid expressing their regret that circumstances should have rendered it advisable to abandon a project which, of all those suggested to the parliamentary committee, seemed best calculated to promote the interests of science and humanity, by bringing members of the profession into collective deliberation, and by adapting reforms to the varying requirements of different localities.

Possibly the objections above stated are not insuperable, nor the evil consequences to be apprehended so certain or irremediable, as to warrant the withholding a plan combining so many and vast advantages.

It is true that the chief administrators of the law might, if they chose, empower medical practitioners to appoint representatives in the union boards; but they would be less disposed to make this concession, when they discovered that the profession had relinquished their claim to it.

§ 8. This important clause being withdrawn, it remained for your committee, with the valuable aid of Serjeant Talfourd, to suggest such directions for regulating the medical arrangements of the unions, as might probably have been safely intrusted to the management of local assessors.

The following were accordingly recommended as the leading features of the altered measure.

1st. That a medical commissioner be appointed by the crown, as in the former series of propositions.

2nd. That certain limits be defined to the area and population of medical districts, both in large towns and in populous, as well as in thinly inhabited, rural unions.

3rd. That a maximum and minimum rate of re-

muneration be specified, or that the medical commissioner be compelled to fix such maximum and minimum for attendance on the regular and on the casual paupers, to be increased according to the area of the district, (or rather the distance of the parish from medical advice.) And that the precise rate, within these limits, be determined by the medical commissioner, should the boards of guardians fail to make satisfactory arrangements.

4th. That the following qualification be required of every future candidate for union medical appointments: three years' previous practice, a licence from the Apothecaries' Company, (if he shall dispense medicines,) and a diploma from the College of Surgeons, (whether he be a physician or an apothecary.)

The preceding reforms were considered indispensable, but it was further proposed,—That wherever a medical practitioner duly qualified (as above) and desirous of undertaking the care of the sick poor, shall have resided in any district for not less than six months, the appointment of a non-resident, or a stranger, shall be prohibited.

That provision be made for separating the supply of medicine and medical advice, in certain cases, if the guardians of any union and the medical commissioner should see fit.

That any instance of neglect or mal-practice on the part of the medical officer, should be referred to at least two medical arbitrators, one to be appointed by the board of guardians, the other by the accused party, and perhaps a *third* to be nominated by the sick pauper or his relatives; and that an appeal should be made to the medical commissioner, if the arbitrators were unable to decide the case.

But the three latter propositions were, after deliberation, omitted, as matters which might be altogether left to the discretion of the medical commissioner.

§ 9. The circumstance which most perplexed your committee in their consultations during the months of May, June, and July, was the continual yet unavoidable disturbance of Mr. Serjeant Talfourd's arrangements for bringing forward the question in the house.

The great party contests of that period, and the consequent adjournment of parliament, so exhausted the session and indisposed the members to listen to the claims of the poor, that the government merely proposed to continue the poor-law commissioners for *one* year, and deferred until the next session the consideration of any increase or modification of their powers.

It was, therefore, judged advisable not to bring forward the medical clauses in the session of 1839, but it was agreed that, on the second reading of the Poor-law Continuance Bill, Serjeant Talfourd should "state to the house the general nature of the provisions he had intended to engraft on that measure, and the reasons why he deemed it expedient to defer introducing them until the bill of the next year should afford opportunity for their deliberate consideration." He accordingly apprised Lord John Russell of his intention, and his lordship engaged to afford him every facility for carrying it into effect; but unfortunately the course of events prevented this also. The pressure of public business compelled the postponement of the second reading of the bill from night to night, until at length the learned serjeant's

\* Other medical gentlemen resident in Gloucester were present at this conference.

† Might not the objections to these elections be in great measure removed by directing the board of guardians to appoint such an assessor, whom they should select from two gentlemen nominated by the practitioners of the union?

absence on circuit deprived the profession of his advocacy on this occasion.\*

On his return from circuit the bill had been disposed of, and it then only remained for him to announce, that in the next session, on the introduction of any measure for continuing the powers of the commissioners, or for remodelling the poor-laws, he would call the attention of the house to the system of medical relief, and propose certain provisions for amending it, which notice he accordingly gave on the 17th of August.

§ 10. The announcement to the profession of his intentions was made in a communication to your committee, (see Appendix,) which the council published and circulated, with the account of the proceedings at Liverpool, prefacing it with the following remarks,—

“The council of the Provincial Medical and Surgical Association beg leave to call the attention of the members, and of the profession in general, to the following letter received by the secretary of the poor-law committee from Mr. Serjeant Talfourd.”

“The results of last year’s parliamentary inquiry, the proceedings of the poor-law commissioners since that inquiry, the transactions of the British Medical Association, and, chiefly, Mr. Talfourd’s valuable advice and important suggestions in the frequent communications with which he has favoured the poor-law committee, have, each and all, proved of essential service in maturing the plan contained in this letter.

“It is obvious that the success of the learned serjeant, in prosecuting the measure during the next session, must depend greatly on the extent to which he is supported by the profession; and therefore it is earnestly hoped that the members of the Provincial Association will, before parliament meets again, call the attention of their representatives to the subject, and if possible obtain their support to the proposed clauses; and that the profession generally will agree in their respective localities to petition parliament in favour of the measure, on the opening of the next session.”

Some allusions in this address, and also in Mr. Talfourd’s letter, require that, before narrating further proceedings, those of the poor-law commissioners and of the British Medical Association in the spring of 1839, should be noticed.

§ 11. The commissioners, apparently dissatisfied with the result of the parliamentary investigation, and disposed to stave off to the latest possible period, those amendments which the whole profession anxiously expected, as the result of that investigation,† resolved *themselves* on instituting an inquiry through the assistant commissioners, who were to derive their information from the boards of guardians.

However desirous the commissioners might be to “lay before her Majesty’s government the result of the experience of the various systems which are in action in the different parts of England and Wales, they could scarcely have expected to obtain from the very authors and administrators of the system a full and impartial statement of its results.

Their object must have been (as the event has

indeed shown) to procure such favourable representations of their own proceedings, as might induce the legislature, when the subject came under consideration, to leave the administration of medical relief, as before, to their uncontrolled discretion.\*

§ 12. The inquiries addressed to the assistant commissioners had not long issued from Somerset House, when a deputation from the British Medical Association waited on the central board,† to inquire why the obnoxious system of tender had been again resorted to in various unions—what alterations had resulted from the parliamentary inquiry—and what amendments might be expected.

The replies which the deputation received to their judicious inquiries, obligingly forwarded by Dr. Webster, appeared to your committee very unsatisfactory. The poor-law commissioners professed their ignorance of any recommendation in the parliamentary report relative to the discontinuance of “tender;” and seemed scarcely aware that the medical profession entertained any serious objection to it: They, however, expressed their anxiety to perfect the system of medical attendance on the poor, and to meet the wishes of the profession “as far as they could.”

The forcible representations of the deputation apparently induced the commissioners to propose that the British Medical Association should furnish replies to the series of questions,§ which they confessed were intended only for their own agents.

The commissioners also intimated that they should “be happy to receive any plans for improving the medical attendance on the poor, &c.”‡

From their conciliatory tone, the deputation was led to believe that the commissioners really intended a prompt reform of their medical arrangements.

This impression on the one hand, and, on the other, Mr. Wakley’s unwillingness to support any measure recognizing the continuance of the poor-law commission, tended to deprive your committee of the co-operation of the London practitioners in bringing forward a bill for the correction of abuses, which all alike deplored and desired to remedy.

§ 13. The communication of the British Association in answer to the circular of the commissioners, is a document of great importance. Besides a brief summary of the evidence collected by the parliamentary committee, it contained some important facts relative to the subsequent operation of the system, and two plans for the future regulation of the medical relief department.

The first of the plans was framed with a view to the continuance of the poor-law commission, and was in substance the same as that proposed by your committee, especially with regard to medical supervision.

The second accorded more suitably with the abolition of the commission, and has been already described in our analysis of the evidence§ taken by the parliamentary committee as the suggestion of Mr. Wakley during that inquiry.

\* Mr. Serjeant Talfourd most liberally gave up his attendance at the Berkshire Assizes, in the hope of accomplishing his purpose, but was again disappointed.

† “The poor-law commissioners deem it advisable *not* to originate any immediate or general change in the medical arrangement.”—Circular, Feb. 21, 1839.

\* The commissioners were aware that the subject must “in the course of a short time come under the consideration of the legislature.”—Circular, Feb. 1839.

† March 5, 1839.

‡ Lancet, vol. i. 1838-39, p. 887.

§ See our last report, (1840,) § 56.



It may be inferred that the British Association proposed the latter plan in deference to Mr. Wakley's opinion rather than in any cordial approbation of it; for the concluding sentence of their report contains the following appropriate remarks:—

"It is acknowledged that there are several strong objections to the above plan. It would greatly lessen the value of parochial appointments, and it is feared that in districts where there were many medical men, the responsibility, by being so much divided, would also be lessened."

"Any plan of medical superintendence could not be so effectually carried out, and the registers of the cases of disease would not be so carefully attended to."

That the communication from the British Medical Association had an important effect on the poor-law commissioners, is more than probable. At any rate, it procured for the profession, (through that association and the *Lancet*,\*) an early announcement of the commissioners' views relative to the proposed changes in the administration of the medical department.

§ 14. The reports of the assistant commissioners, in answer to the circular before mentioned, are contained in the appendix to the report on the continuance of the commission presented to parliament in 1840, and to these the attention of the association is now directed.

Your committee do not propose to follow the precise order of the questions which elicited these statements, but to class them, as far as may be practicable, under certain heads.

It is, however, to be premised, that had the commissioners been desirous to afford precise information respecting their medical arrangements, they would have required returns of the area and population of each district, the number and duration of the cases attended, the mode of appointment, the qualification, and the remuneration of the medical officers; but since they only inquired as to the existence of "dissatisfaction" on these points, we gather rather opinions than facts from the appendix to their report. Seven of the assistant commissioners have furnished the substance of the replies made by 242 unions,† which, being situated in different parts of England and Wales, may be supposed fairly to represent the whole number hitherto formed.

Of these 242, dissatisfaction is reported in 60, on account of the low rate of medical remuneration in 31, on account of the size of districts or distance of paupers from medical advice; and in 33, on account of neglect or inattention on the part of the medical officer.

So large an amount of dissatisfaction being admitted by those most anxious to conceal it,—it

\* Page 590, vol. ii. 1838-39. Minute of the Poor-law Commissioners, dated June 6, 1839.

† Mr. Adey	-	35 unions
Mr. Weale	-	36
Mr. Tuffnell	-	45
Mr. Day	-	24
Sir E. Head	-	32
Mr. Clive	-	29
Colonel Wade	-	41

Total 242

The other assistant commissioners merely give the general results, with the exception of a tabular statement of districts by Sir John Walsham.

is difficult to comprehend the statement of the central board,—(professedly founded on these returns,) that "there is *but little* dissatisfaction prevailing in reference to existing medical arrangements." Nor can it be allowed that the reports made by the guardians, through the assistant commissioners, are calculated to convey any adequate idea of the dissatisfaction so generally felt by the public, the poor, and the medical profession.\*

§ 15. Your committee proceed, notwithstanding, in the *first* place, to examine the information supplied by the assistant commissioners, with respect to the extent and population of medical districts.

i. Mr. Adey states, (p. 94,) that out of 39 unions, 10 reported dissatisfaction, as to the size of the districts, on the part of the medical officers "only." Now, since these have in general been the last to object to the size of their own districts, it may fairly be presumed that a far greater amount of dissatisfaction was felt by others, and especially the poor.

ii. Mr. Gilbert remarks, (p. 99,) "the size of districts has been complained of by those medical men who were *not* elected, as being too large, whilst the medical officers appointed have regretted that their districts were not larger." This curious discrepancy in the reports of the two assistant commissioners may be explained on the supposition that *both* were anxious to defend the extent of the districts by casting a slur on the motives of those who complained, though they selected opposite parties on whom to fasten the imputation.

iii. Mr. Hall admits (p. 103) "that an amendment might in some unions be effected by diminishing the size of the districts?"

iv. And Mr. Weale, (p. 109,) that the poor who reside in the parishes most remote from the medical officer, complain of the distance.

v. Mr. Tuffnell, respecting the Milton Union, says, "Some dissatisfaction, on the part of the *public*, has been expressed as to the size of the district one gentleman acting for the whole union, but the *guardians* are perfectly satisfied with the manner in which the medical duties are performed!"

In the Hailsham Union, (p. 116,) "it is generally thought the districts are too large, and *much* dissatisfaction has been expressed by the *public*, in some parts of the Union, as to the attendance of the medical officers."

So, in the Hastings, Horsham, and Midhurst Unions, the poor of some of the "country" parishes complained of the distance of the medical officer's residence.

These casual observations with regard to a few unions show what would doubtless prove to be the case in the generality, if properly investigated.

vi. Sir John Walsham has given a table of the size of his districts, whence we extract the following specimens of improperly large districts:—

\* "We must not assume that the surgeons are contented in those districts where no audible murmurs are heard. An ordinary knowledge of human nature will convince the inquirer that oppression often derives its sharpest stings from the danger of complaint. This was exemplified in the investigations of the *Provincial Association*, which found too many country practitioners afraid of denouncing the board which ground them down."—*Medical Gazette*, p. 359; vol. ii. pp. 39, 40.

Union.	District.	Population, 1831.	Length and Breadth.
Carlisle, St. Mary . . . .		11,135	3 × 3
St. Cuthbert . . . .		9,615	3 × 3
Gateshead . . . .	No. 1.	15,177	3½ × 3
Hexham . . . .	No. 1.	6,056	6 × 6
	No. 6.	5,540	8 × 6
Newcastle . . . .	No. 4.	13,000	Town.
	No. 5.	12,733	2½ × 1
	No. 6.	15,129	2½ × 1½
Stockton . . . .	No. 1.	8,834	4 × 3
Teesdale . . . .	No. 1.	7,682	12 × 7

Besides the above, there are several enormous districts, which, though containing comparatively small populations, are yet larger than necessary. For example, the four districts of East Ward Union, together with No. 4 of Hexham, and No. 6 of Teesdale, occupied a total area of about 400 square miles. Unquestionably, in such a wide extent of country, containing a population, in 1831, of 22,115, (now probably more than 25,000,) there must have been more than six qualified medical practitioners desirous to accept office; yet only six were employed by the guardians.

vii. Mr. Day states, (page 30,) respecting the Carnarvon Union, that dissatisfaction is felt very generally in the Carnarvon districts of this union; some of the parishes, being beyond the Menai (!) cannot always be reached in stormy weather." "The poor" (naturally enough) "complained of a want of proper attendance."

As to the Drayton Union, he remarks,—“In some few cases of sudden illness, the distance from the extremity of the district to the surgeon's residence has been found inconvenient, though not so materially so as to induce the guardians to suggest a further subdivision of the present districts.”

It may be fairly asked, what degree of suffering among the poor would induce these guardians to diminish the districts? And what were the fearful results of these “few” (?) cases of sudden illness occurring under such a system?

viii. Sir Edmund Head reports, that, in 6 out of 32 unions, complaints exist as to the size of districts.

On this point, as on others, he boldly enters the lists with the medical witnesses.

In referring to Mr. Farr's evidence respecting the Kington Union, namely, that the distance from the surgeon's residence, in one direction, was one mile, in another ten miles, he observes, “the fact is, that in all that space of ten miles, no medical man resided, so that none could be engaged nearer than Kington.”

In reply in may be observed, that if, at the extremity of this district, no medical man could be engaged nearer than 10 miles, it follows that in that locality the medical practitioners must have been at least 20 miles asunder, and that an area of 300 square miles exists there without a medical resident! If Sir Edmund Head had referred to a map of the county, he would not have committed himself by such an absurd statement.

Again, with respect to the Ross Union, in reply to a complaint about the size of the districts, he says, “On inquiry, it appeared that one of the two union officers had, before the union, attended, by separate agreement, a number of parishes ex-

ceeding by one, that assigned to him under the new arrangements.”

So the objectionable arrangements of the new poor-law are to be continued, merely because those of the old were worse! Such appears to be the line of argument adopted by most of the defenders of the present system.

ix. Mr. Clive, in Norfolk and Suffolk, where the process of reducing districts under Dr. Kay had been carried on with success, reports several unions in which further reductions are desirable.

x. Colonel Wade's evidence on this question is of the highest importance. He seems to have steadily pursued an opposite course to that recommended by the central board, and adopted by his colleagues.

He wholly objects to the district system as applied to medical relief. He reports that “in many instances medical aid is not so promptly supplied, nor so frequently renewed, as it ought to be, chiefly because of the formation of *medical districts of parishes*, and of the consequent distance of the medical officer's residence from the party requiring his assistance.”

“I am of opinion, therefore,” says he, “that in all arrangements under the poor-law, the medical relief provided for paupers should be placed as nearly within their reach as possible; consequently, that no eligible medical practitioner should be excluded by the arrangement of a board of guardians, or be refused the charge of the parish in which he resides, for the mere purpose of obtaining the formation of a medical district of parishes of a given extent of area and population.” (p. 154.)

Guided by those excellent principles, Colonel Wade has reduced the districts under his charge in Cambridgeshire, Essex, and Herts, to reasonable dimensions.

They are undoubtedly smaller on the average than those in any other county except Norfolk.

The average population is 3,216, and the average area 10,574 acres, or about 16 square miles.

§ 16. Secondly; with respect to medical remuneration, and the mode of bestowing medical relief, the precise rate of payment is only given in some of Colonel Wade's unions, but even these instances are sufficient to show that the medical arrangements are not founded on any uniform system. For example, in four unions, the rate *per case* is under 5s.; in two as low as 3s.

In those which adopt the pauper list, the rate *per head* is generally under 3s.; in one, only 1s. 6d., and in several the children are entered at 9d. or 1s. each!!

The frequent expression of “dissatisfaction,” on the part of the medical officers, is, with the above exception, the only proof afforded by these reports of the inadequacy of the remuneration, which, indeed, was too obvious to be denied, even by the assistant commissioners, some of whom nevertheless attempt to defend it.

Thus, Colonel A'Court repeats the shallow and oft-refuted argument “that since well qualified candidates are seldom wanting for any vacant appointment, the present salaries may be presumed to be reasonable.” To this your committee must again reply, that in the present crowded state of the learned professions, a willingness to undertake duty, especially *official* duty, is no proof of the sufficiency or reasonableness of the remuneration offered. Examples without end might be adduced



in support of this position. The application of Colonel A'Court's principle to his own salary might even be suggested.

Supposing it were reduced one-half, to £400 or £500 for instance, does he flatter himself that there would be any lack of "candidates," as "well qualified" as himself to fill the office? Any reason which he might urge for the continuance of his salary at the present amount, would apply with equal force to an augmentation of the medical stipends.\*

Sir E. Head also appears in defence of the present contracts; he objects to any "general increase" in the rate of remuneration, on the ground that it would not secure "an increase in the goodness of article." He remarks—"I do not find by experience that the medical men who are the highest paid invariably do their duty most conscientiously.

Apart from its application to any particular class, Sir E. Head's remark involves a mere truism. No one would deny that an article is not always worth the sum paid for it, but it can hardly be supposed that Sir Edmund intends the reader to infer from this negative assertion, that, according to his experience, the medical men who are the worst paid invariably do their duty in the best manner.

If any one besides a poor-law commissioner should doubt that a higher remuneration is required, as a general rule, to secure superior medical aid, it might be worth while to argue the point.

Sir E. Head proceeds to assert that "the medical witnesses before the committee of the House of Commons persisted in viewing the payment for the poor by itself and for itself. They would not allow that it was fair to take advantage of the indirect payment which accrues by the increase or retention of private practice."

A more unfounded statement could scarcely be made; the fact being, that the estimates of the medical witnesses were calculated solely with reference to the connexion of parochial with private practice.

It is quite obvious that no medical practitioner could be maintained by a payment of 7s.—10s. for each case of illness, requiring on the average not less than six visits or attendances, with medicines, travelling expenses being included!

He must, of course, possess other sources of more profitable remuneration, or descend to the condition of a day-labourer.

The medical witnesses, therefore, did *not* estimate the parochial payment "by itself and for itself," but they stated the lowest sum which the medical officer, although depending on *private* practice for support, should receive for attending the poor.

§ 17. Colonel Wade's report contains some candid and unprejudiced observations on the system of pauper lists and payments per case. Many of his suggestions are highly judicious, and merit general attention.

He objects to including the names of persons not receiving relief, or (as he terms them) "independent parties" in the "medical pauper list," for the following reasons: that it is unnecessary,

\* The commissioners do not forget in this very report to justify the amount of their own salaries, by the recognition of the principle for which we contend.

They observe, (p. 16.) "It does not follow that an office which costs a considerable sum of money, is, on the whole, expensive, or that an office which is performed gratuitously, or even produces an immediate gain to the government, is on the whole cheap."

and "opposed to sound principle," to declare "such persons paupers by *anticipation*," and that the frequent changes in the condition of labourers and their families would create considerable difficulty in determining, with justice to the rate-payers, and to the excluded "independent" labourers, the class which is "to be relieved medically, at the expense of "the parish, for a whole year."

If, however, the pauper list were subject to revision every quarter, or more frequently, the latter objection would be in a great measure obviated.

Colonel Wade does not admit the advantage of any variation in the sum per head, according to the condition, sex, and age of the several persons, or according to the total number on the list, and therefore recommends a uniform payment for all; in which suggestion your committee coincide, provided it be in every case proportioned to the time during which the name may remain on the list.

After describing the advantage of the payment per case for casual applicants, he confesses that without some expedient to relieve parish officers from the responsibility of finally deciding on the several cases, he would prefer a return to the old fixed salaries.\*

The expedient which Colonel Wade recommends for this purpose is *relief by loan*,† or rather *conditional* relief, until the cases shall come under the consideration of the board of guardians; his arguments for which (and, indeed, all his observations on this part of the subject,) are in close conformity with the remarks contained in §§ 47, 48, 49 of the last report of your committee.

Colonel Wade (p. 127) lays down a few general principles for determining the amount of remuneration; which are for the most part unobjection-

\* "The many instances that have come under my own notice, in which both overseers and relieving officers have refused an order for medical relief, because, in the officer's opinion, the party applying was, or ought to have been, able to procure it for himself, *because destitution was not positively established*, or not unfrequently because, (and of which the officer necessarily was a most incompetent judge,) immediate danger was not apprehended, has induced me strongly to recommend that in 99 cases out of 100 the order should be *granted*, leaving it to the board of guardians to determine the question of the ability of the party, and whether he should or should not be called upon to indemnify the parish."—*Colonel Wade's Report, Appendix*, p. 156.

† Colonel Wade strongly urges the necessity of some improvement in that provision of the act which relates to the recovery of loans; he observes, "The principle is a correct one, but the process tedious and inconvenient; and what with the unwillingness of employers to retain in their service men whose wages are attached, the supineness of the guardians on this particular subject, the neglect of the officers, and most particularly of the auditor in not compelling the repayment of loans, and above all, the reluctance of the magistrates to lend their assistance, except in a very few unions indeed, although relief is frequently declared a loan, no attempt is subsequently made to recover it."

"This part of the poor-law administration then requires immediate attention and amendment, and, if possible, some more summary process for the recovery of loans should be devised, than that afforded by an appeal to the bench of magistrates, and the attachment of wages in the hands of the master."

Sir E. Head also recommends that every order should be provisional till the next board day; that if the board decided the party to be a fit object for medical relief, then he should be paid for at the ordinary rate per case. If, on the other hand, the board decided "not to grant such relief, the medical officer should receive a smaller sum for his provisional attendance, or, at his option, be left to recover his bill." But why should not the *full* sum per case be paid for the "loan" order, and thus attendance *secured* to the patient during the remainder of his illness, unless the medical officer preferred considering him as a private patient?

In the majority of such cases, the medical officer would never recover his charges; why then should professional charity be taxed, when the board might as easily proceed to recover the whole sum, as a part, from the patient?

able; but his estimates of the sums per head and per case, as might be expected from a poor-law commissioner, are below those of the medical witnesses. He proposes that the payment *per head* for the pauper list should be within the limits 2s. and 3s., and the average payment *per case*, between 6s. and 7s. 6d., apparently including remuneration for distance. He, however, admits the propriety of extra charges for fractures and capital operations, which he estimates at 3l. 3s. and 5l. 5s.

## REMUNERATION OF MEDICAL MEN IN ITALY.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—In your last number you mentioned, on the authority of a writer in "Blackwood's Magazine," the amount of salary paid to the town-physicians of Spoleto and Macerata. It would, however, be erroneous to suppose that these medical men are salaried by the commune, merely to attend to the wants of the *pauper class*. Any resident in the town has a right to claim their services without remuneration, although they frequently receive fees from their more wealthy patients. In passing through Terni, in the year 1838, the master of the excellent Hôtel de l'Europe, who had discovered my profession, requested me to prescribe for a poor woman employed in his house, and stated as his excuse for the application, that she could obtain no attention from the town physician, who was in the habit of neglecting patients of an inferior class, from whom he could expect no additional remuneration. He then told me that the *only* physicians in Terni were those appointed by the government and paid by the city, and he mentioned the amount of salary they received, which was even more liberal than that paid at Spoleto and Macerata.

My informant complained bitterly of the want of skill and attention displayed by these civic doctors, and of the absence of other medical advice. And we may well believe his complaints were founded in reason, unless these appointments were exceptions to the general rule of favouritism which prevails throughout the Papal dominions, where the protection of a cardinal or a countess is a far more powerful recommendation to office than talent and merit. I make these observations in order to prevent your readers from drawing an unfounded comparison between the medical *employés* of Italy, and our own "union doctors."

I am, gentlemen,

Your obedient servant,

VIATOR.

Nov. 16, 1841.

## THE FASTING IMPOSTOR.

MR. BERNARD CAVANAGH, who has been levying contributions on the credulity of the public, both in Ireland and this country, on the pretence of fasting for an indefinite period of time, has met

with a slight check in the county of Berkshire. "The Lord (according to his own statement) caused him to be hungry, and he did eat."

The fact is, that Mr. Cavanagh was detected in the act of laying in a store of fat ham and other creature comforts, with a patch on his nose and a bandage over his eye. On being brought before the magistrates, he was sentenced to three months' hard labour at the tread-mill, as a rogue and a vagabond. The exercise will, probably, restore the gentleman's appetite completely.

## ROYAL COLLEGE OF SURGEONS IN LONDON.

*List of Gentlemen admitted Members on Friday, November 19, 1841.*—William Cooper, John Harricks, Frances Tamblin Nicholas, Peter Lavelle, Thomas Hugh Hesketh Davies, James Alexander, Arthur Sargeant, John Gay, George Lumley Thorne, George Murray Humphry, John Young Godwin.

## TO CORRESPONDENTS.

WE take the liberty of requesting our Subscribers and Correspondents to observe that henceforward the publication of the *PROVINCIAL JOURNAL* will be conducted by Mr. Churchill, of Princes-street, Soho. Our readers, as well as ourselves, cannot fail to reap advantage from the co-operation of so eminent a publisher as Mr. Churchill.

The publisher of the *PROVINCIAL JOURNAL* begs to inform gentlemen desirous of completing their sets, that a new and improved series, containing Sir A. Cooper's papers, &c., commenced with the last volume, April 3, 1841. The back numbers from this period may be obtained through the medium of any bookseller or newsman in town or country.

Letters and communications should be addressed to Dr. Hennis Green, 58, Margaret Street, Cavendish Square. Letters connected with the Provincial Association may be addressed to Dr. Streeten, Foregate Street, Worcester.

## ERRATUM.

Page 129, col. 2, line 10, *after* "disposition" insert "to scab."

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## CLINICAL

### OBSERVATIONS UPON SYPHILIS.

DELIVERED AT ST. GEORGE'S HOSPITAL,

By Sir B. C. BRODIE, Bart.

The communication of disease from one person to another, is effected in two ways; it may result from the poisonous matter of an unhealthy surface being brought into contact with a healthy one; or by the floating effluvia in the atmosphere passing over from an unhealthy person to a healthy one. It is in this latter way that scarlatina is propagated; and it is by both these means that the poisonous matter of small-pox is spread about. The disease of which I am now about to speak, syphilis, is propagated from one person to another by the first method named—viz., by the contact of an unhealthy poison with a healthy surface.

Syphilis consists of two distinct stages of disease. The first stage is that in which the poison is communicated to the part, and affects it locally, and produces certain symptoms, which, in the practice of our art, we term primary symptoms. The second stage is where the constitution of the patient is affected, and produces certain symptoms which have received the name of secondary symptoms.

*Primary Symptoms of Syphilis.*—The first syphilitic symptom which attracts the patient's notice, is the presence of a small sore upon the part to which the poison has been applied; this part is most frequently upon the organs of generation, and this poisonous disease is almost always communicated from one person to another by means of sexual intercourse. This disease may, however, be produced by the application of the poison to any other part of the body. Syphilis generally shows itself in two or three days from the period of the impure connection. The precise period, however, may vary; it may not show itself until a fortnight has elapsed from the time of connection, and I am acquainted with a gentleman in whom it did not appear until eight weeks had elapsed. It is not every part of the organs of generation that is equally liable to imbibe with rapidity the syphilitic poison. Those parts which are covered with a thin skin are, of course, more liable to be affected than those parts which are covered by skin of a firmer and thicker texture. The part first affected may be situated on the outer surface of the penis, or the prepuce, or on some part of the glans penis, and this latter is the spot most commonly and frequently affected, in the first instance, and that part of it which is behind the corona glandis, and near the frænum, is that precise part in which the disease makes its first appearance. When you meet with a case of syphilis in the female, you will generally find the clitoris, the vestibule, the vagina, and labia, to be the parts most frequently affected with the earliest symptoms. In the male patient, in addition to the parts where this disease most frequently shews itself in the first instance, you may also meet with it on the surface of the urethra or the scrotum.

The primary sore of syphilis is termed a chancre. Now the appearance of a chancre varies very much, so that no one can tell, by merely seeing it, that it is a chancre. You will seldom have an opportunity of seeing it in its early stage, and when you do see it, you will generally find it situated in a corner below the corona glandis, and looking like a small pustule.

It may appear on any other part of the surrounding structure that may be torn, but the above situation is the one in which it is most frequently met with. You will sometimes meet with chancres having a flat and superficial aspect, like any common sore, without there being any hardness of the surrounding textures. Chancres may vary in number—there may be one or more. At first they give but little pain, and after a shorter or longer time the base of the sore becomes hard, and the edges of the sore also have a rough elevated edge, and separate and spread by sloughing shreds, and the sore becomes exquisitely painful. You will sometimes meet with chancres in which there is a great disposition to ulcerate, and to deposit lymph at the base; sometimes the ulceration is great in extent, and the deposit of lymph small in quantity, and sometimes the converse of this is the case. The pain attending a chancre varies; it is sometimes very great, and gives the patient great uneasiness and much anxiety. Occasionally you will meet with cases in which there is a sore on the broad surface of the glans penis, without any hardness of the edges or base, and with but little pain or disposition to spread, but becoming every day deeper and broader in extent; this kind of chancre I call a burrowing chancre.

You will thus perceive that these sores vary very much, both in their character and appearance; but though this be the case, I do not believe that they arise from differing species of the original disease. These sores are convertible into one another. A variety of circumstances may tend to alter their appearance, and these may be varied according to the constitution of the patient, the violence of the symptoms, the treatment of the disease, and the peculiar organization of the part in which the disease may be situated. A chancre situated on the penis or frænum differs in appearance from the differing organization of the parts in which it is situated.

Chancres may be considered as chronic sores, for they are very slow and indolent in their growth. But this character does not always belong to them, as there are some chancres which increase and spread very rapidly by ulceration, and these are termed phagedenic chancres; these generally make their first appearance on the corona glandis, and spread in the course of the cellular membrane, between the skin of the penis and corpus cavernosum, but they may also spread in any other direction. These chancres are very painful ones, and in some of these cases mercury is injurious, whilst in others it is beneficial, although then it requires to be given in very large doses.

In addition to the varieties of chancre I have already spoken of, there are sloughing and gangrenous chancres. In the most common kind of these there is very great surrounding inflammation, with tumefaction and redness of the neighbouring parts; the surface of the chancre is covered by an ash-coloured slough, which extends, and as soon as one goes off, another comes on. In these cases the patient suffers great pain, and there is much constitutional disturbance, with frequent pulse, hot skin, white furred tongue, great loss of appetite, and attendant symptomatic fever. This sort of chancre most frequently occurs in those persons who have led an irregular life both before and after the chancre has made its appearance; sometimes in these cases a blood-vessel in the neighbourhood bursts, and does good by stop-



ping the sloughing process, and relieving the constitution. In such cases you will sometimes find that secondary symptoms follow, and sometimes they do not, as the sloughing completely destroys the parts which secrete the poison. There is another kind of sloughing chancre, where no tumefaction, and but little inflammatory action, exists; the surrounding parts become livid and black, and die, and the mortification extends, and very closely resembles that mortification of the toes arising from ossified arteries; there is not such a violent degree of pain in this as in the former species of chancre; there is likewise no fever; the pulse is small, quick, and irritable, without any heat of skin.

Where you meet with a chancre situated on the prepuce, lymph and serum may be effused into the cellular membrane of the prepuce in men, and of the labia in women. Where a chancre is situated beside the frænum, it eats through and destroys it; where it is situated below the frænum, it becomes very difficult to heal, as it is always torn open in order to be seen; where it is situated on the inner lining membrane of the urethra it is very painful, from the urine washing continually over it.

In those persons whose prepuce is long, a sebaceous matter is frequently secreted from the corona glandis, which irritates it, and a discharge comes on as a consequence, and ulcers may occur. These slight results are generally caused by uncleanness, and attention to cleanliness will generally cure them. You will sometimes meet with patients in whom an herpetic eruption occurs on the prepuce, and a little vesicle forms, which at first is filled with fluid, which soon thickens and becomes like pus. The cuticle and the fluid beneath it may desiccate, and a scab may form and drop off, and if it is left alone it will soon heal and terminate favourably.

Sores will sometimes occur on the corona glandis, which quickly increase in numbers, forming an ulcerated zone around the corona. Sometimes this will only extend half way round. You will also occasionally meet with an excavating ulcer, affecting the sebaceous glands of the corona glandis, which is very irritating and painful to the patient: it discharges freely, and is very difficult to cure. Mercury does harm in these cases, but secondary symptoms seldom follow. Sores will sometimes occur on the inner surface of the prepuce, and on the outer surface of the corona glandis; there are several of them; they are small, round, flat, superficial ulcers, with much surrounding inflammation; they are very painful and tender, and discharge freely. At first they appear to be covered by a thin white slough, but afterwards change their aspect to that of a clear irritating sore. These last sores cannot strictly be termed venereal, yet they depend upon and are caused by some peculiar secretion from the female vagina. They should be treated by keeping the patient quiet, and washing the affected parts frequently with a solution of sulphate of copper in the proportion of four grains of the sulphate to one ounce of water. The sores should not be bathed with this lotion as is so frequently the case, but it should be poured over them twice or three times daily.

Where the prepuce is long and narrow, a scaly eruption frequently occurs at the orifice at the prepuce, which becomes contracted and painful, and cracks; lymph is deposited in the cellular membrane, and the parts become consequently thickened in substance. These sores should not be mistaken for venereal sores; they may be cured by the application of the unguentum hydrargyri nitratis diluti, or the unguentum zinci.

Secondary symptoms of syphilis may sometimes occur on the parts of generation, and may be readily distinguished by a practised eye from those affections of which I spoke to you a while ago. Many circumstances may, and do, very often occur to modify the

peculiar character and appearance of a venereal sore. Many sores are met with which have no venereal appearance about them, and yet these will prove syphilitic, from having admitted the syphilitic poison; and if you should be at all in doubt in these cases, it will be quite right that you give your patient the full benefit of that doubt. You will frequently meet with chancres which have a hard basis, but you must remember that a chancre which is allowed to continue unchecked by remedial means will always have a hard basis. Yet, on the other hand, you will meet with venereal sores which are not chancres, and yet have a hard basis; and on the other hand, you may meet with true chancres which have not a hard basis. You may meet with cases in which there are sores on the prepuce or on the scrotum or about the eye, and which may become infiltrated with lymph, and thus hardened at the base.

The hard basis of a chancre is of a gristly induration, and this induration may be left behind, and remain after the chancre has healed; and where this is the case you may always correctly conclude that there is some venereal poison remaining in the constitution. If a chancre be situated within a long and narrow prepuce, it is at first drawn back, and the chancre may be seen, but serum and lymph are very soon effused, and the disease then becomes a phymosis. This prevents the prepuce from being drawn back, and consequently, the chancre from being seen, and the poisonous matter of the chancre causes inflammation, excoriation, and ulceration, and sometimes the opening in the prepuce becomes very small, and the matter collects so fast, that a sort of abscess forms. If this state of things goes on unchecked, the part which appears most tense ulcerates, and the matter escapes through it generally from the upper part of the prepuce. But the ulceration may go on, and the orifice become larger and increase in size until it is sufficiently large for the glans penis to push itself quite out. After the inflammation is over, the slight infiltration of serum that has occurred is absorbed, and the prepuce becomes as pliable as before; but if coagulated lymph has been effused, the prepuce is thickened and indurated, and this may not subside for some considerable time. Sometimes you will find that it is the extremity only of the prepuce that is thickened when the chancre has been situated near that spot. Where a chancre is situated under the surface of the prepuce, the latter will sometimes become attached to the glans penis by ulceration, and inflammatory adhesions will connect the outer surface of the glans to the inner surface of the prepuce; these may be either partial or extensive. Sometimes where there is phymosis, there is great ulceration of the glans, and a great portion of it may be eaten away; there may be little or no vestige of them left, and a narrow passage leads down to the orifice of the urethra, and when the cicatrix forms, it contracts the orifice of the urethra, and the patient is only able to void his urine by drops, and at last complete retention takes place. When the phymosis is of such an aggravated character that the glans cannot be uncovered, except with force, and cannot be returned back again over the corona glandis, the disease assumes the form of paraphymosis. This is caused by venous congestion in the glans, and the swelling and inflammation in the part may render it so tight as to impede the flow of arterial blood, and mortification may be the result; the prepuce behind the glans may give way, and the ulcerating surfaces may adhere, and the patient may have paraphymosis for life.

It would appear that the venereal virus passes through the absorbent vessels to the absorbent glands; and thus the absorbents on the dorsum of the penis may become tense, and feel like hard tight-stretched cords; this cord-like hardness may remain unaltered for a length of time, and then in some cases disappear. An abscess may form in one of these absorbent ves-



sels, which may burst, and a small ulcer may form. Absorbent glands are more liable to take on inflammatory action than absorbent vessels. When an absorbent gland inflames, it forms a bubo, and these buboes are generally situated in one of the absorbent glands below Poupart's ligament, and sometimes in the upper part of the groin, within the belly, but without the peritoneum. The bubo is generally situated on the same side of the body as the chancre; but this may vary. There is generally only one of the glands affected with venereal bubo; and this serves to distinguish it from a scrofulous or gonorrhœal bubo, or from a bubo caught from cold; it is very rare for the same patient to have two venereal buboes at one and the same time. A bubo generally makes its appearance at the space of about nine or ten days from the first appearance of the sore; sometimes when the sore is healing, and sometimes when it is healed. Buboes may be phlegmonous where the inflammation is acute, or indolent where the attendant inflammation is chronic. A phlegmonous bubo is very painful and tender; there is great redness of the parts around it, suppuration may take place; and an abscess may form, which bursts, and confines the patient to bed. A chronic bubo is also very painful and tender, but the patient is able to go on with his usual avocations; an abscess eventually forms in it which bursts. Whether the bubo be acute or chronic, there is always much discoloured purple skin over it; the abscess which forms is situated in the cellular membrane, between the gland and the skin, and at the bottom of the opened abscess is seen the diseased gland; the skin over the abscess is purple, and has much adipose substance attached to it, and blood-vessels carrying blood into it, and from this cause it soon recovers its normal vitality; sometimes, however, it becomes thin, and sloughs. When the abscess over a bubo bursts, it seldom heals directly; and if you introduce a probe, it is found burrowing under the skin; the sides are hard and callous, and the sinus is fistulous. Sometimes this fistulous sinus may arise from the matter getting out with difficulty, and this may prevent the healing of the abscess; or it may be prevented by the diseased gland being at the bottom of it, and irritating it as a foreign body would, if placed there; all that is to be done here is to allow of a free opening for the matter. Buboes sometimes ulcerate very much. When you are called in to a syphilitic case in a female, you will generally find the disease in a more forward state; but the general symptoms are the same as in the male subject. You will find the nymphæ and labiæ inflamed and swollen in the same manner as the prepuce is in the male; and they may likewise become hardened and thickened just in the same manner.

## CASES

### FROM THE EARLY NOTE BOOKS

OF THE LATE

SIR ASTLEY COOPER, BART.

Extracted with permission of Bransby B. Cooper, Esq., F.R.S.

## NO. XIV.

### CASE OF CATARACT.

Miss —, of Yarmouth, aged twenty years, had been for some time blind from a cataract. In the year —, the cataract began to shift from its natural situation, and to pass into the anterior chamber of the eye. When I saw it, part of the diseased humour was placed in the pupil, the remainder being lodged in the anterior chamber, and resting against the inner part of the transparent cornea. Great pain and considerable inflammation had been brought on by this

change, and I thought it right to perform the operation of extracting the lens.

This was done without difficulty, as the incision was the only part of the operation required,—the cataract having already burst its capsule.

The cataract was firmly ossified. When struck against the vial, into which it was put, it made the same noise as a pebble would have done.

As I was fearful of great inflammation coming on, I applied a blister to the temple immediately after the operation.

On the fourth day after the operation, Miss — had little pain, and the inflammation was confined to the opaque cornea.

She did well.

### CANCER CLITORIDIS.

Mrs. —, aged 49, had a cancerous tumour form on the nymphæ of the right side, which I removed. About three months afterwards the glans clitoridis became diseased in a similar manner, attended with occasional lancinating and burning pains.

It became necessary, on this account, to remove the clitoris, which I did. One vessel required to be secured.

The wound healed without any other inconvenience than that which the urine occasioned by the smarting it excited.

She was well in a few days.

### HYDROCEPHALUS.

Sunday, July 17.—I opened the head of a child of Mr. —, which had died with symptoms of hydrocephalus.

*Appearances.* Five ounces of blood in the ventricles; vessels of the pia mater much less turgid than usual.

### CLUBBED FOOT.

A child, who had a clubbed foot, was recommended to my care by Dr. Babington. I ordered for it two splints, both of them with a foot-piece,—to be lined with flannel, and kept together behind by two short tapes. With these I succeeded in curing the child.

### DISLOCATION INTO THE AXILLA.

A woman, by a fall, dislocated the os humeri into the axilla.

An attempt was made to reduce it over the knee, which did not at first succeed, on account of the scapula remaining unfixed. When the hand was laid on the acromion, and that process was pressed gently backward, the bone slipped into its place.

### INTROSUSCEPTION.

March 23d, 17.—Master —, aged three years and one month, was seized with pain in the abdomen, accompanied with sickness. Previous to this attack his bowels had been in a very irritable state.

On the third day he died, with symptoms of mortification in the bowels.

*Dissection.*—On opening the abdomen about four ounces of liquor peritonei were discharged.

The stomach was healthy.

The jejunum had two introsusceptions, unattended with inflammation.

The other small intestines appeared sound.

The colon on the left side was distended, as if with fœces,—but on the substance within being pressed, it was found to be unyielding. This sensation was

found to proceed from there being an intromission of a part of the arch of the colon into that intestine below the kidney on the left side.

The outer part of the colon had formed a stricture on the inner portion. The inner was strangulated, and was of a dark chocolate colour from high inflammation.

#### INCISED WOUND.

A lad was brought to me with his lip cut from its margin to the chin, quite through into the mouth. I cleaned the parts, which were but slightly contused, as the wound had been inflicted by the sharp edge of a scraper, and then made four stitches from below upwards. The uppermost was placed at the margin of the lip.

In ten days he was perfectly well.

#### SPURIOUS ANEURISM.

A lad, twelve years of age, was bled by Mr. —, surgeon, at —.

Six weeks afterwards I saw him. He had then a tumour of the size of a small walnut, placed on the fore part of the elbow, having a pulsatory motion, but soft, and yielding almost entirely to pressure when the artery above it was compressed.

It was determined to perform the operation for this; and Mr. — did so on July 17.

An incision was made, about three inches in length, through the integuments, and the sac was then cut open. I compressed the artery above, to prevent too great a hæmorrhage.

A small coagulum was found in the sac, adhering firmly to its inner side, from which it was entirely removed.

A probe was then passed into the opening upwards, and the artery secured; that is, the brachial.

It was then passed downwards in the direction of the ulnar artery, and that was tied; but there was still a free hæmorrhage. The probe was then passed downwards to the radial artery, which was tied, but still there was considerable bleeding. Mr. — being now at a loss, I removed the sac by dissection, to discover the vessel, which we could not before do, after various trials for the purpose. After the sac was dissected out, a small anastomosing branch appeared bleeding; this had entered the sac and kept up the hæmorrhage.

The wound was then healed by the first intention, and the boy did well. It was the brachial artery which had been injured in this bleeding.

The removal of the sac facilitates union by the first intention.

This boy, when the wound was healed, had a strong pulse at the wrist. The wound was entirely closed in five weeks.

#### ENCYSTED TUMOUR.

August 17.—Extirpated an encysted tumour containing a curdy matter, situated just below the angle of the jaw. It had existed more than twenty years; was not painful; the skin was red; it was movable. It was removed more easily from some of its contents being discharged. No vessel entered requiring to be discharged.

#### AMPUTATION—HÆMORRHAGE.

Amputated the hand of a man. Secured only three arteries, and depended upon pressure for the stoppage of the rest. This is an excellent practice in a bleeding surface of a stump.

### CASE OF DISEASE OF THE HEART.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—I am perfectly aware that some striking peculiarities are requisite in individual cases, to entitle them to much notice; but as I conceive the following to possess some few features of interest, worthy of being recorded, I am induced to transmit you the particulars, in the hope that, if it meets with your approbation, you will not fail to assign it a place in the pages of your esteemed periodical.

Your obedient servant,

RICHARD HINDLE, M.B. Surgeon.

Sabden, Blackburn, Lancashire.

Nancy B., aged 24, originally strong and healthy, about five years ago suffered severely from continued fever, in an aggravated form. After six or seven weeks, however, she was so far recovered as to resume her usual occupation, the duties of which were very easy, but continued ever afterwards rather delicate, and liable to catarrhal attacks, and also temporary dyspeptic derangements. She was known to complain frequently of shortness of breathing on any extra exertion being made; and on one occasion, in particular, when she had gone some distance from home, she expectorated blood on her return in the evening. Her mother also, was wont to notice often a deviation from the natural state of breathing during sleep; but the patient herself at this time was totally unconscious of any alteration in that respect. Menstruation was deficient and very irregular.

About eighteen months ago she came under my care, presenting the following symptoms:—Appearance somewhat cachectic; appetite deficient and depraved; complaining much of a disagreeable taste in the mouth; bowels irregular, and troubled with much flatulency; urine high-coloured, scanty, and deposited, on cooling, much of the lithates, varying in colour from yellow to pink; complains of short cough, and much dyspnoea on active motion; she also suffered at this time from paroxysms of dyspnoea occurring in the night, accompanied with frightful dreams; slight œdema was occasionally noticeable in the feet at night, which disappeared by moving; the abdomen was frequently a little swollen in the morning, particularly when the dyspnoea had supervened severely over night; pulse regular, about eighty-four, full, soft, and weak. On applying the stethoscope under the left mamma, a most distinct bellows-sound was audible, accompanying the action of the ventricle, and synchronous with the arterial pulse; impulse of the heart, feeble.

She continued in this state many months, with little variation, receiving only temporary relief from the various medicines employed. Diuretics and opiates were the chief agents of any avail; the former seemed to prevent any great deposition of water taking place into the different cavities and limbs, the dropsical symptoms being of a very occasional and evanescent nature, during the whole period of her illness. It would be useless to detail the numerous remedies tried in this case. Digitalis afforded no relief, but, I suspect, rather aggravated the symptoms.

Progressive emaciation and debility ensued, the pulse continuing regular and full, about eighty-four, till within thirty-six hours of death, when it became irregular and almost inappreciable. During the protracted illness little pain was complained of, with the exception of occasional crampy sensations, chiefly distressing at night. Extravasation of blood into the cutaneous texture occurred in various parts of the body, for many weeks before death. The surface of the body was generally cold, and the slightest current of air chilled the whole frame, so that she could not bear exposure even in moderately warm days, for this invariably brought on accessions of teasing cough;



she occasionally expectorated mucus slightly tinged with blood.

*Autopsy, forty-eight Hours after Death.*

The aspect of the body was that of one considerably advanced in decomposition, being literally covered with ecchymoses, the few interstices between them being of a dingy yellow, almost livid colour. On opening the chest, the first thing which attracted our notice was the remarkably congested state of the lungs, the veins along their surface appearing quite varicose through the pleura pulmonalis, otherwise they seemed healthy. Some fluid existed in the pleural cavity. On cutting into the pericardium, about six ounces of serous fluid escaped. The coronary veins appeared much distended, even varicose like those of the lungs. The heart was much increased in size, but on raising it the enlargement was found to be confined solely to the right side, the left appearing a mere appendage; the former was so distended that it reached from one and a half to two inches beyond the right of the sternum, and its muscoli pectinati were conspicuously hypertrophied externally. On making an incision into the cavity, a very large quantity of dark coloured blood gushed out, and we then found a yellow polypus like a mass of fibrin, loosely attached superiorly to the muscoli pectinati of the proper auricle, and extending inferiorly to the apex of the right ventricle, to the columnæ carneæ of which it was slightly adherent. The great veins leading into this auricle were much distended, and poured out blood for some time. The parietes of the auricle were greatly thickened.

The right ventricle was much enlarged, and its walls also augmented in size; the tricuspid valve apparently healthy; the pulmonary artery much increased in size, and filled with blood; its valves natural. On turning to the left side its diminished and atrophied condition contrasted strongly with the right. The cavity of the auricle was small, and its parietes attenuated; the pulmonary veins also appeared rather small. On referring to the auriculo-ventricular opening, we found it too small to admit the end of the little finger, merely allowing a moderately sized quill to pass with tolerable facility; all traces of a valvular apparatus had disappeared, the whole being agglutinated together, and thickened so as to constitute a permanently firm opening, not quite circular, the surface of which was smooth and shining, being free from any vegetation. The ventricle was much diminished in size and thickness; and the aorta small and greatly contracted in calibre, but its valves were perfectly healthy. In the abdomen was found a quantity of serous fluid, not, however, to any great extent. The liver was enlarged, but presented no alteration in structure. The intestines were much inflated with gaseous products.

REMARKS.

In reviewing the preceding case, various points of great pathological interest present themselves, and, what is of much more intrinsic value, even some having a practical bearing. The case may be considered a peculiar one, from the circumstance of the primary disorganization having been so exclusively limited to one particular locality, and for that reason giving the pathologist an opportunity of studying the effects of isolated impediments to the circulation singly, which must divest the subject of much of that complexity that necessarily exists, when various compartments of the heart are simultaneously diseased; for, in the latter case, it is often not very clear how much of the symptoms are due to one imperfectly acting valve, and how much to another.

In the present case I should suppose the original lesion of structure to have been single, and limited to the mitral valve; as to the origin of the diseased action, one would be inclined to attribute it to the

fever, under which the patient suffered severely; for symptoms indicative of cardiac derangement were not long in making their appearance after its subsidence; so that it can be no far-strained theory to regard it as a remnant of that morbid condition, which, in fever, affects both solids and fluids. Now, it appears, the first effect upon the circulation of an obstruction at the mitral valve, will be a diminished quantity of blood passing through the arterial system, and its consequent congestion in the large veins and lungs, as was remarkably exemplified in this case, to such extent, indeed, as to resemble a varicose state. With respect to the lungs, it seems strange that so little expectoration of blood should have occurred during the whole period of the illness, the mucus being only occasionally streaked, except, on one occasion, three years before death, when the patient had undergone great fatigue;—for in a case described by Dr. Law, in the “Cyclopædia of Practical Medicine,” and which approaches the nearest to the case under consideration of any that has fallen within the limited sphere of my reading, the patient suffered greatly from hæmoptysis, and was ultimately carried off by pulmonary apoplexy. It is perhaps possible, however, that the very gradual progress of the disorder in this case might allow the pulmonary vessels time to augment in size, and thus adapt themselves to the increasing congestion without incurring rupture: something also, no doubt, is due to the very phlegmatic temperament of the patient, and the kind of employment in which she was engaged, requiring little muscular exertion; indeed, for many weeks before the fatal occurrence, there was so little aptitude or capability for muscular action, that the slightest attention to household matters caused fatigue and complete prostration for a time; so that the mother studiously avoided requiring any duties on her part.

Now, as the auriculo-ventricular opening continued to diminish in size, less blood would be received by the left ventricle, and consequently a less amount would have to be propelled through the aorta, and this, according to a law that obtains greatly in the animal muscular economy, will account for the atrophied condition of the ventricle and arterial system; for less labour being imposed on it, the nutritive supply would be apportioned accordingly.

Dr. Corrigan seems to be of opinion, and this case altogether tends to support his views of muscular adaptation, that hypertrophy results in all cases from increased labour being thrown upon the part; and, I suppose, the principle of the doctrine will equally apply to the opposite condition—viz., diminution or atrophy from a portion of the usual labour being subtracted. In this case, also, different from that witnessed by Dr. Law, there was diminution of the left auricle; and, whatever contradictory cases on record may offer, and with which I confess to be insufficiently acquainted, perhaps theory would tend to support the existence of this condition; for if the auricle be considered as a sort of subsidiary appendage to the ventricle, and only accessory to its function, it follows that it ought to obey the same laws as regards increase and diminution, provided it be removed from the operation of other influences, which, probably, we may conclude to have been the case in this instance; for, although the right ventricle was greatly increased in size and power, and would propel its contents with much vigour through the pulmonary artery into the veins, as evinced by their inordinate distention, yet if results, from hydrostatic laws, that the current of blood and its momentum would be destroyed, or in least greatly weakened by friction against the sides of the numerous capillaries it would have to traverse the reaching the pulmonary veins which lead to the auricle, so that perhaps the influence of the hypertrophied right ventricle would expend itself in the small re-circulating vessels of the lungs, and not be sufficient to force the blood into the left auricle with sufficient



momentum to cause enlargement. It is conceivable that the condition of the auricle, as to size, might have been different, if the left ventricle, as well as the right, had been increased in power, for then the suction caused by the dilatation of a powerful ventricle would have filled, it may be supposed, the pulmonary veins, and likewise the auricle, and the latter, not being able to empty itself through the contracted mitral openings, would be kept in a distended condition, that would ultimately lead to augmentation in size. The hypertrophy of the right ventricle in the case before us seems plainly referable to the resistance offered by the distended capillaries of the lungs, which could not empty themselves in due time through the diseased and contracted auriculo-ventricular opening. The bellows-sound, which was very distinct and loud, accompanied the contraction of the ventricle, and would be caused by the regurgitation of blood into the left auricle, for the opening was so rigid that it must have been permanently patent both during systole and diastole. Some authors, or at least lecturers, have supposed that, in order to have the bellows-sound produced in the highest degree of intensity, it is necessary that vegetations or ossifications exist on the edges of the opening through which the current flows; but in the present case the surface was smooth, and free from any such formations. Dr. Corrigan attributes the cause of the bellows-sound, in all cases, to irregularity of current in whatever way produced, and this may be the truth; but it almost appears that resistance in some way or other is necessary; and I would merely throw out the hint, whether in this case the sound was not generated by the rush of blood from the ventricle meeting with and striking against that of the auricle, and thus suddenly diffusing themselves into each other; for something similar to this seems to take place in the case of its production by the action of the common bellows, where the sound apparently owes its origin to the sudden collision of two currents of air, and their consequent rapid commixture. Dr. Williams states, that in all cases where the mitral valve is insufficient, the pulse is either irregular or intermittent; but during the whole of my attendance upon this patient, I never once noticed such an occurrence; on the contrary, the pulse was invariably regular and full, seldom deviating from eighty-four per minute. There are some other points connected with the present case worth noticing; but, as I am unwilling to trespass too far upon your columns, I shall not make any further comments on it.

## ERRORS OF DIAGNOSIS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN—A short paper in your last number, on Errors of Diagnosis, has brought to my recollection two cases which occurred under my observation, upwards of twenty years since, and I think the publication of such documents ought to have the tendency of making professional men, however eminent their rank, more careful in pronouncing a positive opinion than is often the case.

The first occurred about the year 1816. I was consulted in the case of a young lady in this town, who complained of a swelling in the neck, in the course of the subclavian artery; it had the pulsation of aneurism, but without its peculiar thrill, and I felt sure that I could raise it up, and that the pulsation then was more indistinct, although not gone. My own opinion was, that it was a suppurating tumour over the artery; but as the case was dubious, and a mistake might be fatal, I requested two other medical friends, both eminent in the profession, might see the

case with me—one coincided in opinion with me, and the other thought it aneurismal. We then called in two hospital surgeons from a neighbouring city, who likewise pronounced it aneurism, and advised a journey to London. The tumour had, however, by this time, so increased in size that I feared it would give way before she could reach the metropolis (our usual conveyance being then fourteen hours, instead of, as at present, four!) I, therefore, advised the family to allow me to send for my friend and instructor, Mr. Travers, whom I requested to come prepared to operate. This eminently scientific surgeon, when he saw the case (being in perfect ignorance of all that had previously occurred), turned round to me, and said, "I suspect this is an abscess over the artery; I will pass in an exploring needle, and then either I or you shall finish the operation." The result was that I laid open a large abscess, and my patient speedily recovered.

The other case was in some respects like Mr. Toogood's. A lady applied to me, having had an abscess under the clavicle—treated by an eminent surgeon in the neighbourhood as a common strumous case; but as I found it had not yielded to months of surgical treatment, I suspected some latent caries, and upon a very careful examination found the second rib to be diseased. I removed it without much difficulty, or at least the greatest part of it, and the ulcer soon healed.

I congratulate you, sir, upon having such frequent and able correspondents as Mr. Toogood and Mr. F. Bulley; and I do hope that your journal—which I think much improved—is doing good in the profession, and is, as it professes, to be, a useful medium of communication with provincial practitioners.

Your obedient servant,  
J. R. BEDDOME, M.D.

Romsey, Nov. 29, 1841.

P.S.—The good effect of the exploring needle, in the case I attended with Mr. Travers, was so manifest, that I cannot but regret that it is not made use of in all dubious cases. Much mischief, especially such as appears to have resulted in Mr. Liston's case, may then be prevented. I remember being much struck with its effect in a doubtful case of white swelling of the knee; it at once proved that a correct diagnosis had been formed of the case.

It would be highly desirable if the talented members of the Provincial Association would contribute to you their successful and unsuccessful cases. No one is more capable of adding to this store than one of our most active members, whose friendship I have for years enjoyed,—Mr. Newnham, of Farnham,—a man of extensive practice, with a mind of great research and observation.

## PROVINCIAL

## MEDICAL & SURGICAL JOURNAL

SATURDAY, NOVEMBER 27.

One of the earliest privileges obtained by our ancestors, and since guarded by the most jealous care, is the regulation of the amount of financial contributions to the state, and the pointing out of the mode in which they are to be raised and applied. We may look upon it as an established principle, in the general government of the country, that whoever is called upon to contribute to the support of its institutions is



entitled, either personally or by his representatives, to some share in the management of the funds necessary to be raised, to judge of and limit the amount called for, and to direct their application to certain special and definite purposes. This, we apprehend, is a position which will not be contested. But what is admitted as an established principle in conducting the affairs of the general community ought also to be recognised as equally in force, at least in as far as they are recognised by the state, in the management of those smaller bodies which are included in it. The exercise of a control over the management and direction of the general finances of the country is recognised as a public right. No one will for a moment deny the same right to an individual in his own private concerns. The existence, therefore, of any power in corporate bodies opposed to these general and individual rights,—the claim to the irresponsible direction, by corporations, of the funds raised from the members of their body, is alike contrary to the private rights of individuals and to the principles recognised by the state. Such a power, however acquired, cannot be looked upon in the light of an inherent or a vested right, and the continued exercise of it in defiance of every acknowledged principle of government can only be regarded as an act of usurpation.

To apply these remarks to some of our medical institutions it is obvious that, so long as there is systematic exclusion from all share in their councils of any one portion of their members, whether that portion be limited to the graduates of certain universities and colleges, as in the College of Physicians, or to all but the self-elected few, as in the College of Surgeons, those bodies must constitute an anomaly in the midst of our free institutions, an oligarchy recognised neither by the state nor the public. It is no answer to say that the funds raised have been well-employed, and, for the most part, expended in the advancement of knowledge or in the promotion of the interests of the members. The real question is, whether those who are required to contribute their funds, being recognised as members of the body, have the power of exercising such control over their application as shall ensure their being applied to beneficial purposes.

The College of Surgeons, in a document recently put forth, which will be found in our last number, virtually acknowledge this responsibility. The President and Council have given a financial statement, embodying, under certain general heads, an abstract of the receipts and expenditure of the College for the year ending Midsummer-day last. We shall not now stop to scrutinize the several items of this statement, nor to inquire whether the appropriation of nearly one-half of the funds, amounting to upwards of £6,000, to what is termed the college department, in other words, to the remuneration by themselves of the self-elected Council and Examiners—be just. It is sufficiently evident from this document that, in the course of one year the sum of £12,671 14s. has accrued to the College from the Court of Examiners,—the term under which this individual source of income is designated—and that of this amount the sum

of £6,355 12s. 7d. has been returned by the self-elected to the source from whence they professedly sprung. We are left to conjecture whether all, or how much of this sum of £12,600, has been derived from the members of the College. The Council have not thought fit to enlighten us on this point. As however, it professes to come from the Court of Examiners, and as we do not by any means suspect the gentlemen composing this court of actually contributing from their own private funds to the support of the College, we are led to the conclusion that it arises from those who have presented themselves before them for admission into the College portals, and, consequently, that the heading of this source of income, had it been intended to indicate the precise source from whence it was derived, should have been examination fees, or sums received from the examined rather than from the examiners. In short, the Council of the College have mistaken the channel for the source, and, looking no further than this channel as the cause of their financial prosperity, have naturally enough evinced their gratitude by directing, in return, a large portion of the funds so raised back again. They have expended nearly half their income in benefitting the channel, mistaken by them for the source, instead of benefitting the actual source itself, *i. e.*, the members of the College.

This, after all, is merely an error in judgment, and the members ought to feel obliged that the Council, in their gratitude, mistaken as it is in its immediate object, have contented themselves with devoting only a moiety of their funds to this purpose. We trust that, since the mistake is now pointed out to that learned body, and the true source of their riches is indicated to them, the expenditure of another year will be directed more for the benefit of the members at large.

We do not mean by the preceding remarks to have it inferred that the examiners, councillors, *et id genus omne*, should not be rewarded according to the amount and responsibility of the duties which they have to perform. The officers are in themselves honourable, and were they properly filled, and those appointed to them not self-chosen, would be worthy of being sought by the highest in the profession. Under present circumstances, however—self-elected irresponsible, self-salaried—the emolument derived from the discharge of the duties of examiner becomes little better than peculation, and the office itself a degradation to every one who holds it.

The manifesto of the College of Surgeons, to which we have referred, informs us that “The President and Council, in publishing the corrected list of the members of the present year, with the date of each diploma, regret that so many members have omitted to make the return during the months of June and July, according to the form proposed by the Council. They are anxious to explain to the members that the object of this annual registration is to furnish the Judges, magistrates, clerks of the peace, poor-law commissioners, boards of guardians, and the public generally, with a correct list of qualified surgeons, in



order to prevent the various impositions which have been practised upon them by ignorant pretenders and other unqualified persons. The names of all members who shall not have registered themselves previously to the month of July, 1842, and 1843, will be omitted in the corrected list of the latter year. The President and Council particularly wish to intimate to all public functionaries, that no diploma can be genuine in which there is any erasure, interlineation, or other alteration."

This clause forms a remarkable feature in the manifesto, and presents several subjects for contemplation. In the first place it appears, that the registration proposed by the irresponsible Council has signally failed, the required return during the months of June and July last, according to the form proposed by the Council, having been furnished by so few as to render it necessary to account for the many inaccuracies and omissions which must thereby be found in the list. Next we have a promise of reward held out to those who have objected or neglected to comply with the mandate of the Council, that if they are obedient in future they shall be recognised as qualified surgeons by certain legal authorities. These legal authorities will, however, we suspect, be inclined to require, when it becomes necessary to ascertain the qualification of a surgeon, the production of the diploma, a legal certificate, in preference to the printed list of the College, it being the practice of all judicial courts never to put up with an inferior kind of evidence when better can be obtained. But then the obedient members of the College are also to be recognised,—by whom? By poor-law commissioners! boards of guardians! and the public generally. The public generally, we opine, will not trouble themselves with reading over the names inscribed on the College list, whenever they are in want of surgical assistance, but will resort, as they have heretofore done, to such houses or other domiciles, as have Mr. A., B., or C., Surgeon, &c., exhibited in good sized legible letters on the door plate and as to the other parties alluded to, unless they are by law compelled, as they ought to be, to require the production of the diploma previous to proceeding to the election of their union officers, the medical superintendence of the poor will continue to be hired out to the lowest bidder, in accordance with the liberal spirit which has characterised all their transactions with the medical profession.

The alleged motive of the President and Council for this newly-begotten desire for communicating to these several parties correct information is, to prevent the various impositions which have been practised by ignorant pretenders and other unqualified persons. Strange is it that this motive should so lately have come into operation, and still more strange that it should be now so strongly felt, so inordinately operative in its impulses on these gentlemen, as to induce them to devise an express system of rewards and punishments for the purpose of carrying it out. The reward for obedience to the College mandate we have just seen, the punishment for disobedience is omission from the corrected list for July, 1843. This penal enactment of the College will, in all probability, prove

abortive, since, before the period mentioned, there can be little doubt that the powers now professed by the existing Council will have passed from their hands. But the spirit which has dictated the threat is greatly to be deplored, proving as it does how utterly incompetent for the management of the affairs of a liberal profession, even men of character and attainments become when they have once partaken of the fruits of irresponsible authority.

The Council of the College of Surgeons have made themselves irresponsible to the members at large, and desire to continue so. Can they wonder that the members hold themselves equally irresponsible to them? Let them not flatter themselves with the idea that they are the governing body of those who hold their diploma from the College. They are, it is true, the head of the corporation, not, however, in any sense either as a scientific or a medical institution, but merely for corporate and trading purposes:—Yes, for trading purposes; for, severed as they are from the great body of the members of the College, the Council and Court of Examiners can be considered in this respect as mainly constituted for the sale, under certain conditions, of surgical diplomas. How much more honourable to all concerned would have been this desire on the part of the Council to obtain a correct registration of the members of the College, and with what cordiality would it have been responded to had it arisen from the wish of giving that share in the election of the governing body to the members at large to which they are entitled. The day must come when the corporation will be reformed and the Council be rendered a responsible and elected body. The attempt at retaining exclusive privileges until they are forced from the grasp is indeed a pitiable example of that weakness and folly to which the best are sometimes liable.

#### LIFE ASSURANCE IN SICKNESS.

A life assurance company has been recently established in London, upon principles which distinguish it from all other existing institutions of a similar kind. The "Medical, Invalid and General Life Assurance Society" differs essentially from other assurance societies in having for a main object the assurance of lives affected by disease, on equitable premiums commensurate with the particular risk. It may be thought that the assurance of the lives of persons who labour under acute and dangerous disease is a wild speculation, but we believe that medical science has arrived at that advanced state, at which the mortality amongst persons labouring under disease may be calculated with the same accuracy as has been attained in the calculations already made on sound lives. It is manifest that as life-tables furnish the data on which the probable duration of life at any given age is determined, so statistical tables of the duration and termination of any given disease must serve as the foundation for the calculations of the "Invalid Society." That such tables will be most carefully calculated, and all the necessary data accurately ascertained, we feel



confident, on perceiving that the department of medical statistics has been entrusted to the care of Mr. Farr.

We feel much interest in the well-being of this society, because it is more intimately connected with the science of medicine than any other life assurance company can possibly be; its existence depends on the successful application of medical statistics to the solution of a very difficult and complex problem: but the problem can be solved, for the elements of its solution are an accurate diagnosis of any given disease, and an accurate calculation of its rate of mortality. The following extracts from the prospectus of the society illustrate the principles upon which it has been founded:—

*Life Assurance in Sickness.*

As a great number of persons of all ranks (about four in 100 of the population) are constantly suffering from slight or severe diseases of one kind or other, it must appear desirable to place life assurance within their reach; as they stand more in need of its advantages than their brethren. That this is their own opinion, is proved by the many fruitless applications at other offices. The number of policies, moreover, now in force, has been ascertained to be comparatively small, when the uncertainty of life, the advantages of assurance, and the wants of society are considered. Men neglect to assure their lives in health; but it is probable that they would be glad, when reminded by an accident or disease of the uncertainty of life, to place their families under the safeguard of life assurance, even at a temporary sacrifice.

It will be rendered immediately evident by an example, that life may be assured in attacks of disease. Let it be supposed that *two friends* are attacked at the same time by epidemic cholera, and that *one* will recover: they are the fathers of families, and derive an income from a profession; it is unknown which will recover: aware of their danger, they agree to deposit £500 each, and that the £1000 shall go to the family of him who falls a victim to the disease. Their lives would be assured. If 100 persons under the age of 45, attacked by the disease, deposited £5 each, and the sum were divided equally among the families of the deceased, they would stand in the same relation to each other as the first members of the *Amicable Society*. There would be this difference: in the one case the deposits would be made by 100 persons in health at the time the deposit was made; in the other, by 100 persons seized by a dangerous disease: if the deposits were sufficiently high in the latter instance, the sums falling to each family would be the same as in the former, otherwise they would be less in the inverse ratio of the mortality. If it had been ascertained, that at 25 years of age 32 died, and at 45 years of age 41 died, out of 100 attacked, the premiums should be in the proportion of 32 and 41: and a society that selected observations which made the mortality 48 and 61 per cent., demanded the respective premiums of £48 and £61, assured the representatives of its members £100 at death, and divided the profits among the survivors, would be nearly in the position of the *Equitable Society* subsequently to 1781, when it adopted the Northampton Table. It will be evident upon the slightest reflection, that if diseases can be distinguished by medical science, and if the rate of mortality can be calculated, a society may undertake to assure the lives of persons in sickness, upon safe and equitable principles. We take cholera, again, as an example, to show that the mortality in attacks of sickness can be determined.

In England the mortality was 38.5 per cent; in Galicia 37.6 per cent; in Lower Austria (country), 38.5 per cent.

The mortality was nearly the same in the three series of observations: but we are able to take into account influences, which are not attended to in the ordinary tables of mortality. Statistical facts show that the mortality is higher in cities than in the country.

The mortality in different circumstances in the sexes at different ages, and in different stages of the disease, has been calculated in this and other diseases, from many thousands of observations. Those conversant with subjects of the kind, will therefore immediately perceive that the *risk* of death, and the equitable rate of premium, can be as accurately determined in a cholera patient, as in a healthy person.

The mortality is exceedingly high in cholera; and we have taken it as an extreme case, because, when it has been proved that life assurance is *practicable* in cholera, its application to any other acute disease is not likely to be contested. Cases of assurance would necessarily be rare in diseases with a very high rate of mortality; for the risk and premium would be as great as in a case of ship assurance, where a vessel was bound to a dangerous coast, in an unfavourable season of the year.

In the *fever hospitals* of this country the mortality is 16 per cent.; 15.4 in 100 fever patients died in London (*Tweedie*); 15.6 in Edinburgh (1838—*Christison*); 16.1 in Manchester; and 16.1 in Liverpool (1836—8).

In diseases of long duration, it will be more convenient to take the *annual rate of mortality*, than the mortality of cases. Insanity will furnish an example. In the metropolitan licensed houses, 10.8 in 100 private patients die annually; at Hanwell, 11.9 in 100 die annually. The annual mortality among pauper lunatics has been 21 per cent. in some houses; the mean mortality of insane Quakers, at the York Retreat, has not exceeded 4.6 per cent. annually. The causes of these differences are known, but this is not the place to investigate so important a subject. The mortality in insanity varies with the *stage of the disease*, and the *age* of the patients.

The same method is applicable to incurable diseases. Thus, in consumption, from 10 to 15 per cent., of the patients die every month.

These numerical details show that the elements of life assurance in sickness exist; and that, even in the most dangerous acute diseases, the premiums can be correctly calculated. This principle is not likely to be controverted by scientific men; but, as its practical application is novel, the public have a right to expect satisfactory, explicit, and intelligible information on the subject.

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*A Manual of General Therapeutics; with Rules for Prescribing, &c.* By D. SPILLAN, M.D., MA.  
London: Renshaw. 8vo. pp. 458.

The necessity of a distinct treatise on therapeutics may, at first sight, appear questionable, especially when we know that every work on the practice of medicine contains rules for treatment, after the description of each disease. On further consideration, however, we find that these instructions are not sufficient for the purposes they are intended to fulfil. Besides being unconnected, and dispersed throughout a volume of several hundred pages, as they usually are, there is much time lost by the necessity which this method induces of repeating the same class of medicines after many diseases, and, as the author justly observes, its principal fault is that of addressing itself to the *memory*.

It is not the knowledge of a great number of thera-



peutic means that forms the physician; it is the knowledge of the opportunity, the knowledge of the indication, which alone distinguishes the real physician from the impudent quack, who, having learned by rote the names of a number of remedies, will, on hearing the mere name of a disease, confidently propose his mode of treatment, without the least reference to the state of the patient on whose case he may be consulted. A separate work on Therapeia, has, in our opinion, been much wanted, particularly by the junior members of the profession, and we are happy to be able to say that the manual before us is well calculated to fulfil that end.

Dr. Spillan's volume is, of necessity, a compilation; but the author has succeeded in investing the dry details which he has gathered from many varied sources with a degree of interest and novelty, not to be met with in those detached precepts on therapeia already alluded to. It is much more agreeable for the student, and certainly not half so fatiguing, to study the subject under consideration in a methodical form, tracing it out in all its bearings, following consecutively each division of the important matter its consideration embraces, than by taking it up here and there, as arranged in works on practical medicine—a method which must be attended more or less with confusion and perplexity.

The author strongly inculcates the necessity of studying the science of therapeutics in a more philosophic light than has hitherto been the custom. He briefly exposes the errors and fallacies to which a merely empirical observation of the effects of remedial agents would lead; and his chief aim throughout the work has been to establish the principles of therapeia on *rational* grounds, so far as that can be accomplished in the present state of medical science.

We can confidently recommend Dr. Spillan's Manual to the notice of our readers; its style is clear and simple; in a small space there is condensed a considerable quantity of useful matter; there is a copious formula, and some judicious rules for prescribing, appended to the volume, forming altogether an excellent digest of that division of pathology which considers the application of remedies, with a view to prevent and to cure diseases.

## SHEFFIELD MEDICAL SOCIETY.

Tuesday, November 18.

### HEMORRHAGE FROM THE UMBILICUS.

At the fourth meeting of this society, a case of hemorrhage from the umbilicus, occurring four days after the separation of the cord, was introduced by Mr. H. Jackson.

The cord separated on the sixth day after birth, without any apparent unusual occurrence; on the fourth day from separation, after a fit of crying, bleeding took place, which continued for twenty-nine hours, resisting all the usual means used for its suppression—pressure, flour, tincture of myrrh, muriated tincture of iron, cold water *guttatim*, and nitrate of silver—all of which failed to arrest the bleeding for more than a few minutes after their application. The child being apparently at the point of death, it was determined, as a last resource, to apply a ligature, and, on seizing the point from which the blood flowed by

the forceps, the hold broke, and a small substance was found between the points—apparently a small portion of the cord, in a half putrified state; the hæmorrhage immediately ceased, and the child rallied in a very short time.

Mr. Jackson believed it to have been a portion of the cord which had not been removed, and was partially obliterated, and had been forced open again by the child's exertions in crying, thereby keeping open the mouth of the vessel, which was consequently enabled to resist the action of the different applications used; not finding in the authors he had consulted any such case recorded, he brought it before the society. Ulceration is frequently mentioned, and a fungous growth spoken of by some as the causes of hæmorrhage, but not the remains of the cord.

### CONVULSIONS.

Mr. W. Skinner afterwards gave the details of a case of convulsions, which had lately occurred in his practice.

The patient, a stout looking girl, aged 11, a nursemaid, hitherto healthy, for three week previously had suffered from pain in the head, with sickness. On the day of the attack she experienced severe pain in the epigastrium, with nausea, but no vomiting; she shortly after was seized with convulsions, which continued for some time; all the muscles, except those of the face, remained perfectly rigid until another attack came on. She was perfectly sensible between the attacks, but had lost her recollection. Pain at the epigastrium severe; nausea, but no vomiting; pain in the head; pupils contracted; conjunctiva injected; pulse extremely quick; skin very hot, particularly the scalp. After being bled to syncope, the pain of the epigastrium ceased, and the convulsions did not return. Brisk purgatives were administered, the bowels having been previously much constipated (for several days). Leeches were applied to the head, and the patient gradually recovered, but was not conscious of anything which had occurred during the attack.

The discussion which followed had reference chiefly to the nature of the affection, one gentleman maintaining that it was a case of phrenitis. The questions which divided the meeting were, whether it was a simple case of affection of the excito-motory system, depending on the previous deranged condition of the chylipoietic viscera; or whether there was not, during the violence of the attack, some amount of congestion in the vessels about the base of the brain; or whether the attack was purely hysterical.

The speedy relief afforded by the bleeding seemed to strengthen the opinion that there was congestion present.

## ACADEMY OF SCIENCES, PARIS.

November 15.

### TREATMENT OF DIABETES MELLITUS.

M. Bouchardat read a paper on the treatment of diabetes. The most difficult point in the treatment of this disease is to induce patients to abstain for a length of time, and completely, from all aliments containing *fecula*. Although the patient may be firmly convinced that the use of bread is fatal to him, yet, in spite of remonstrance and the utmost vigilance of his attendants, he resumes the nutriment; the diabetic symptoms, which had been moderated during the abstinence from bread, now appear; tubercles are deposited in the lungs, and the patient dies.

In the treatment of diabetes mellitus two important points present themselves for the consideration of the physician; 1, To replace bread by a nutriment containing less *fecula*; and 2, To restore the economy to its normal state.



The first of these indications M. Bouchardat has endeavoured to fulfil by preparing bread with gluten. M. E. Martin had succeeded in separating the gluten during the manufacture of starch, but it was necessary to add one-fifth of flour to the gluten in order to make eatable bread. The bread, thus prepared, is light and of an agreeable taste, and by using it with animal food the patient will take in little more than a scruple and a half of *fecula* during the day.

With regard to the second indication the following considerations guided the author. In diabetes the acid secretion of the skin is suddenly and completely suspended; the mucous follicles and glands of the alimentary canal secrete fluids, which are considerably altered in consequence of the change in the cutaneous transpiration; instead of being alkaline they are acid. But are we to conclude that this acid secretion has any influence on the conversion of *fecula* into sugar? Certainly not; for the author had long ago ascertained that acids are incapable of producing any such effect at the temperature at which digestion takes place. Connected with this point, however, there is a fact of much importance. Whenever the organic acids, just alluded to, exist in any great quantity, we have joined to them that modification of albumen which assists in the transformation of *fecula* into sugar. The same coincidence probably exists in the system of diabetic patients, and the chief circumstances to which we have to attend are the suppressed perspiration, and the perverted secretion of the digestive canal.

M. Bouchardat next alludes to the various attempts which have been made for the purpose of restoring the cutaneous perspiration; he has found no benefit from the vapour-baths, so highly praised by Dr. Bardsley and others, nor from the sulphureous baths, or the hydrosulphate of ammonia, recommended by Rollo. The best means of restoring the functions of the skin, according to the author, are,—1, The use of flannel clothing, in sufficient quantity to keep up constant diaphoresis; 2, The internal use of sudorifics. The following cases, which we have considerably abridged, show the efficacy of this mode of treatment.

**CASE I.**—The first patient, eighteen years of age, had laboured under diabetes for three years; the disease came on in consequence of the suppression of an exanthematous affection; the patient had been frequently in the Hotel Dieu; the appetite was great; thirst excessive; from 10 to 15 quarts of wine passed during the day, sweet, of density from 1028 to 1036, and containing nearly two pounds of sugar; the saliva was acid; teeth black; he was excessively thin. By abstaining from food containing *fecula*, and with the aid of nourishing diet, his strength returned, and he left the hospital, but came back on the 21st of May. The gluten bread was now tried, and it was found that the quantity of sugar rapidly diminished whenever this kind of bread was substituted for the ordinary loaf. Thus, on the 9th of June, the patient passed nine quarts of urine, containing one pound three ounces of sugar; on the 11th he passed only nine pints, containing about seven ounces; and on the 11th September the quantity of urine was reduced to four pints, and that of the sugar to four ounces; his strength and flesh had so far returned that he thought himself cured, and he left the hospital, though still diabetic.

**CASE II.**—The subject of this case was 41 years of age, and had been affected with diabetes for a year; he was admitted on 25th June, 1841, with excessive thirst and appetite; the quantity of urine passed amounted to four or five quarts, varying in density from 1000.29 to 1000.36. The gluten bread was now given. On the 31st of July he was allowed to eat one pound and five ounces of common bread; the urine contained nearly fourteen ounces of sugar; on the 14th of August, when he eat one pound and three ounces of gluten bread, the proportion of sugar had

fallen to six ounces; this patient, like the former one, left the hospital with some symptoms of the disease still remaining.

Several remedies had been administered to these patients without success. One took opium in doses of from one to eight grains, with high doses of quinine during a month; the other took preparations of iron; both took a mixture containing carbonate of ammonia, (one to six scruples), for ten days. After two or three days the urine which had been acid became alkaline, under the use of the ammonia, with a slight diminution in the quantity of fluid and sugar. In the two following cases the urine was completely restored to its normal state:—

**CASE III.**—A gentleman, in the prime of life, observed that the quantity of his urine was excessively increased; he was tormented with constant thirst, and became rapidly thin and weak. August 16, 1841: The patient eat one pound of bread, passed more than three quarts of sweet urine, density 1032, having a rotatory power of 7 in a tube, 313 millimetres long.\*

Hence the urine contained more than one ounce and a half of sugar per quart. The patient was placed on gluten bread diet; his whole body was enveloped in flannel; he had a mixture containing one scruple of carbonate of ammonia, and at night a bolus, with extract of opium. Under this treatment, the cutaneous perspiration, which had been suppressed for a great length of time, was restored in abundance; the thirst diminished, and with it the quantity of urine. On the 18th, the urine was again examined; it was still acid; of a deeper colour; had the taste and odour of healthy urine; quantity one quart and half a pint; density, 1019; rotatory power, 0; hence, it contained no sugar. The same treatment was now continued, with the exception that common bread was given; the urine was examined on the 21st, it contained six and-a-half scruples of sugar to the quart; but the total quantity during the day was only one ounce and a quarter. The use of common bread was still continued; but the quantity of flannel clothing increased, with carbonate of ammonia during the day, and opium at night. On the 25th of August, the quantity of urine passed was a little above a quart, and it was quite natural. Thus, after ten days' treatment, the functions of the skin were restored, and the urine had returned to its healthy condition.

**CASE IV.** The subject of this case was an army surgeon, who had laboured under diabetes for more than two years. On September 1, 1841, he eat a pound of common bread; the urine was of an amber colour; sweet; containing three ounces of sugar to the quart; he passed seven pints during the day. The same treatment was employed as in the former case. On September 11, the odour of the urine was healthy; its taste saltish; quantity two quarts, containing nearly two ounces of sugar to the quart. On the 27th, the quantity of urine continued the same, but the proportion of urine had fallen to nine scruples; and on the 4th October, the secretion of urine was, in every respect, healthy. In this case, then, a month's treatment was sufficient, although the disease had existed for two years, and the patient was 60 years of age.

He was now allowed to eat common bread, but the other remedies were continued. On the 13th, the urine contained eight scruples of sugar to the quart; the quantity of flannel clothing was augmented; and on the 22d, the urine again became normal. November 5, there was one ounce and six scruples of sugar to the quart of urine; he was now ordered to wear a second flannel shirt; to have two scruples of the carbonate of ammonia in the day, and a grain of opium at night. On the 8th November,

\* This refers to Mr. Biot's instrument for measuring the quantity of sugar in diabetic urine, a description of which will be found in vol. I.

the proportion of urine had fallen to eight scruples; and on the 10th, that fluid was completely healthy..

In reference to the foregoing cases, M. Bouchardat observes, that the only difference in treatment between the two successful and two unsuccessful ones, was the use of the flannel clothing in the former. The skin was excited to constant diaphoresis,\* and the carbonate of ammonia did not pass off by the urine, which remained constantly acid.

### ASSURANCE OFFICE FEES.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—If you consider the following statement and correspondence, relative to insurance offices, worthy of your pages, I shall feel obliged by your giving them an early insertion.

Your obedient servant,  
GEORGE HARVEY.

Castle Hedingham, Essex,  
Nov. 22, 1841.

On the 16th November I received one of the usual letters, containing seventeen queries from the secretary of the "Clergy Mutual Assurance Society," but without either a fee inclosed, or any intimation that one would be forthcoming, I, therefore, immediately sent the following letter:—

"Castle Hedingham,  
Nov. 16, 1841.

"Sir,—In reply to your letter of yesterday, containing various questions relative to the health of the Rev. —, I beg leave to inform you that I have, in common with many other surgeons, formed the resolution of not replying to such queries without a fee; which fee we have no hesitation in saying ought to be paid by the proprietors of the office, as they (and not the individual desirous of insuring) ask the questions for *their own* safety and satisfaction. If, therefore, you will have the goodness to forward me the sum of one guinea, all the questions shall be immediately and decidedly answered.

"I am, Sir,

"Your obedient servant,  
G. HARVEY."

"To William Webb Esq."

By return of post I received the following answer:—

"40, Parliament-street,  
Nov. 17, 1841.

"Sir,—In the "Clergy Mutual Assurance Society" there is neither a proprietary, or any paid directors; the latter render their services gratuitously for the benefit of the profession; and as, therefore, the assured members alone share the whole of the profits, the society does not undertake the payment of medical fees.

"I have inclosed your note to the Rev. —.

"I am, Sir,

"Your obedient servant,  
W. WEBB."

"To G. Harvey, Esq."

The same post also brought me the following letter from my friend, who was desirous of insuring:—

"Nov. 18, 1841.

"Sir,—I have this morning received from the "Clergy Mutual Assurance Office" your note addressed thereto respecting the fee. The secretary writes

\* As an illustration of the benefit to be derived from restoring the functions of the skin in cases of diabetes, we may mention that our friend, Dr. Imray, of Manchester, has informed us that he knew several patients afflicted with this disease, who recovered on removing to a warm climate.—Eds.]

me word that, as there is neither a proprietary or any paid directors, the assured members alone share the whole profits, and that, under these circumstances, the society does not undertake the payment of medical fees.

"It appears strange to me that all usual and necessary expences are not paid by the office, and deducted from the profits. As it appears not to be their practice, I shall be happy to bear the fee myself.

\* \* \* \* \*  
"Believe me,  
Very sincerely,

"\* \* \* \* \*"

I immediately sent the following letter to the office:—

"Castle Hedingham,  
Nov. 19, 1841.

"Sir,—In reply to yours of the 17th, stating that there is neither a proprietary, or any paid directors, in the "Clergy Mutual Assurance Society," and that the directors render their services gratuitously for the benefit of the profession, I beg leave to observe, that if your society, or any other association of gentlemen, resolve to render their services gratuitously for *their own mutual benefit*, they are undoubtedly at liberty so to do: but I cannot understand that such resolution gives them any claim to the gratuitous services of the medical profession, in order to enable them to decide on the eligibility, or otherwise, of those desiring to insure at their office.

"I am greatly obliged to your enclosing my letter to the Rev. —, as it it has enabled him to view the matter in what I consider its proper light: he agrees with me in opinion that the fee ought to be paid by the office, and deducted from the profits; but, as this is not your practice, offers to pay it himself. This, I hope, on reconsidering the matter, you will not allow him to do.

"I have returned your letter, with all the questions answered in what I hope will prove a satisfactory manner to all parties; and remain, Sir,

"Your obedient servant,  
G. HARVEY."

"To Wm. Webb, Esq."

Here the matter rests for the present. I have heard nothing more from the office, nor do I suppose I shall till they again require my professional opinion; but I am firmly resolved, neither they, nor any other assurance office, shall have any medical opinion from me without the fee of one guinea; and I earnestly request all my professional brethren to form the same resolution; and in order to induce them firmly to insist on their demand, I will take the liberty of relating a little anecdote.

Some few years since I received one of the usual letters from the National Provident Institution, which I refused to answer without a fee: one of their agents waited upon me, and informed me he had already given a fee to a medical gentleman employed by the office, and that no other opinion would be paid for. I advised him to rest satisfied with the opinion he had gained. "No," he replied; "the surgeon employed by the office has never attended this person professionally, and scarcely knows him; but you are his medical adviser, and have known him for several years, therefore I must have your answers to these questions." I told him positively I would not answer a single question without a fee; he then said he would consult the Directors, and left me. A short time afterwards he called again and offered me half a sovereign; this I refused, telling him I was neither a Jew nor a horse-dealer; when, after saying I was the most obstinate man he had ever met with, down came the guinea!

G. H.



MR. LANE AND THE LANCET.

TO THE EDITORS OF THE PROVINCIAL, MEDICAL, AND  
SURGICAL JOURNAL.

GENTLEMEN,—I send you an advertisement taken from the "Sunday Times," of Nov. 28, where I found it in company with others of a similar stamp from Messrs. Goss, Sloane, &c. As you have on all occasions boldly stood forward in the suppression of quackery, and are now reaping the benefit of such upright conduct, by having amongst your numerous subscribers some of the most influential and able members of our profession, I trust no false sense of delicacy will prevent you dealing with the inclosed production as it deserves. The position Mr. Samuel Lane holds as an instructor of youth should make him rather cautious in lending himself to a system of newspaper advertising which is calculated to impress the medical student with as lofty an idea of a lecturer on surgery, and an *ex-house-surgeon* of St. George's Hospital, as the similar productions of "Goss and Company," and "Sloane and Company," are of the individuals who work under these respective firms.

Of the puffing advertisement I inclose there can be but one opinion amongst the *profession*.

A CONSTANT READER.

"The present annual volumes of the *Lancet*, commencing on October 2, 1841, and concluding in September, 1842, will contain a complete course of lectures on syphilis, delivered by Samuel Lane, Esq., lecturer on anatomy and surgery, and formerly house-surgeon of St. George's and the Lock Hospitals, delivered at the School of Anatomy and Medicine, Grosvenor-place, St. George's Hospital. The first lecture of the course was published in the number of the "*Lancet*" for Saturday, November 13th, 1841, being No. VII. of the first volume for 1841-42. These lectures will contain the whole of the history of the disease, the remedies which have been employed against it at different ages, and a full exposition of the use and abuse of mercury, a thorough explanation of the diseases produced by mercury, and an ample explanation of the present successful mode of treating the disease."

\* \* \* Our correspondent has, we think, rather hastily attributed to Mr. Lane a participation in the act to which he alludes. The system recently adopted by our respectable contemporary admits of a very natural explanation. The fact is, the editor of the "*Lancet*" is "a man of science on his last legs;" the circulation of the "*Lancet*" has been rapidly decreasing for the last few years, and has now fallen to so low an ebb, that desperate efforts are required to rescue it from total destruction.

To again force the "*Lancet*" into circulation amongst medical men is now totally impossible; the respectable portion of the medical community will not read a work which is utterly worthless in a scientific respect; on the other hand, since the editor of the "*Lancet*" has been recently elevated into a higher station in society, his "occupation's gone;" his recent dignities prevent him from pursuing his old game of calumny and abuse; hence the class of readers who delight in such delicacies has also fallen off, and now patronise the "Satirist" or the "Town."

Under these melancholy circumstances, a change of tactics became necessary,—the new system is in full operation; the chemists and druggists receive their quantum of abuse every week, because it is no longer expedient to keep them in good humour; they

have now got a journal of their own and neglect the "*Lancet*;" *hinc illa*, &c. But the grand *coup d'état* is the publication of the lectures on the venereal disease. These are placed before the public in every possible shape, in the hope of catching a few stray subscribers amongst the shop-boys and travellers of the city; hence, the exhibition in shop-windows of a "course of lectures on syphilis;" hence, the advertisements in pot-house prints, of which our correspondent has furnished an example.—Eds.]

PROGRESS OF MEDICAL REFORM.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND  
SURGICAL JOURNAL.

GENTLEMEN,—Living at a great distance from the metropolis, and always having felt a deep interest in medical reform, I adopt the only means in my power of contributing a mite to the cause, and should you consider the following crude ideas worthy of insertion in your valuable periodical, I shall feel gratified.

I am delighted to find from the medical journals that, notwithstanding a supposed anti-reform ministry has taken the place of a *psuedo-reforming* one, the British Medical Association, and the Provincial Association, have not relaxed in their zealous efforts towards a consummation so highly desirable as that of an equalization of the rights, privileges, and emoluments, of all regularly educated medical men. It is quite obvious, from the continued labours of these associations as to the operation of the poor-law, and other practical grievances, that something will be done during the next session of Parliament. Looking back, also, to what has been done during the last year by these associations, and their councils, as well as to the able articles which have appeared in the medical reviews, with pamphlets such as those of Dr. Kidd, Mr. Carmichael, and Dr. Grant's oration, meeting you in every place where a reading public exists, I can find nothing to damp the ardour of medical reformers, but, on the contrary, much to stimulate them to persevere in their exertions.

It is the opinion of many better able to judge than myself, that it may be possible to obtain more from the present government than that to which it succeeded. As it is supposed, if they are let alone upon *church questions* and *organic reforms*, they will be disposed to do something to gain the consideration and good opinion of the public. It cannot be doubted that they have the power, in both Houses, to carry any measure they may choose to adopt; and, therefore, if they can be induced to make promises, they are pretty certain of carrying them into effect. Nothing pleased me better during the late elections than to find the question had been mooted by various medical men, to candidates for seats in the House of Commons; and the answers appear to me to have been worthy of the trouble taken. As the time is now at hand when honourable members spend a month or two at their own homes, and among their constituencies, I take the liberty of reminding your readers of the importance of their doing all in their power among their friends in Parliament, so as to make them understand the simple facts of the case so likely to come before them; that the cause we advocate is the cause of truth and justice to ourselves and the public, and is not based on personal or selfish considerations; that we do not contemplate injury to any man, or class of men, no matter what the antiquity or what the exclusiveness (as regards power and property), of the colleges or corporations, to which he or they may

happen to belong; that we wish merely the same consideration to be given to the medical profession, as all the other professions have accorded to them.

Sir C. Napier, on giving notice of a motion for next session, as to the ruling powers in the navy, pithily and truly observed, "that the church was well protected by having a churchman at its head in the shape of an Archbishop of Canterbury, the lawyers were well protected by having a lawyer at their head in the shape of a Lord Chancellor, and the army was well cared for by having a soldier at its head in the shape of a Commander-in-chief; but the navy was considered well enough looked after by having a civilian placed over the heads of all naval officers,—no matter how they may have distinguished themselves by services and intellect. The gallant Commodore had little notion how well his observations might have been applied to the other learned profession, which in place of consisting of a compact body with one head, consists of nineteen bodies without any permanent or responsible head at all!

Can no person be found in the new House of Commons to take the same simple views as to our profession? Would there not be the same facility in giving notice of motion? Could he not manage to have at least forty members present on an appointed night? And could he not at least bring on a discussion, by which he might be able to guess at who are our friends, and who our opponents, so as to be able to come to close quarters, and not spend more time in running after persons who, to say the least, have shewn such indifference on the subject? It is to be hoped that Dr. Maunsell's late defeat at the election for the city of Dublin, will not cause any supineness on his part, or that of his college, and that they will now make good use of their friends in Parliament. There was a time when the Dublin College of Surgeons was able to do a good deal with the party now in power; and surely that influence, which was so effectually used for minor and local purposes, might be now brought to bear upon a national grievance, such as now exists in the medical profession. The College of Surgeons of Edinburgh might also strengthen their position, as the present law officers of the Crown in Scotland and their party have never been deaf to applications from influential and respectable sources. If, therefore, the Colleges of Surgeons of Dublin and Edinburgh stand true to their principles; if the medical associations continue their laudable exertions; and if every medical man in the kingdom who feels any interest in the matter would contribute his influence with members of Parliament to the same end, I cannot see how the present body of the administration could refuse to bring this question to an issue in some way or other—either that the profession, as now constituted, is the best that human ingenuity could devise, or that some reformation is required, and therefore to be speedily granted.

I am, gentlemen,

Your most obedient servant,

TOBIN GELL.

Nov. 22, 1841.

DR. WEBSTER.

We have received a second letter from Dr. Webster on the same subject as his former one; but, as his remarks are still directed to the rough draft of the report of the council of the Provincial Association, instead of to the genuine and authenticated copy which was sent to the members of the council generally, it is obvious that they are foreign to the main question at issue. We must therefore decline occupying our pages with matter so entirely irrelevant, and at the same time couched in language which we think Dr. Webster would himself regret to have made use of were he to see it in print.—Eds.]

## REPORT

OF

### THE POOR LAW COMMITTEE

OF THE

### PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.—1841.

(Continued from page 182.)

§ 8. The peculiar circumstances of Sir John Walsham's district, in the North of England, are worthy of notice.

Owing to the small proportion of paupers, the average ratio of the medical salaries to the population is about 2d. per head—that is, about half that of some southern counties, and one-fourth less than the general averages resulting from the parliamentary returns; but then the payment per case is 10s., or three times the amount of the average deduced by Mr. Farr from the same returns.

The fact may be thus explained. In slighter ailments the poor of the northern counties seldom apply for medical aid. The payment of 10s. is therefore made for cases of a more serious description and fewer in number.

From the habits of the population, Sir John doubts the propriety or advantage of pauper lists in that part of England, since the present rate of remuneration would, he says, only produce 1s. or 1s. 6d. per head, (*a clear proof of the small proportion of pauper sickness which comes under the care of the medical officers*).

He therefore prefers adhering to the payment per case, and believes that no inconvenience has arisen from the practice, in his district, of requiring ALL the paupers to apply for orders before obtaining medical relief.\*

It should, however, be observed that, in the unions under this gentleman's superintendence (and apparently only in those unions), the parochial clergy are authorised by custom to give orders, and thus the distress and danger to which the sick poor are liable, under the "per case" system, are greatly mitigated, if not entirely obviated. Having already discussed this point, your committee need only remark that there appears no reason why the practice, adopted with such beneficial results in Sir John Walsham's district, should not be generally permitted in the case of those poor persons who are *not* on the pauper lists. But it should not be allowed to supersede the formation of such lists, the principal advantage of which this commissioner seems to have overlooked—namely, that they tend to secure attention to the slighter cases of illness, which, if neglected, might become serious, both as regards the welfare of the sick and the expenditure of the poor rates.

The general necessity for "pauper lists" appears from the fact (deduced from the returns of the boards of guardians) that in 104 of the 242 unions before mentioned,† the *permanent* paupers, including the aged, infirm, and helpless, are always required to apply for an order before receiving medical relief, and in 62 others they are generally subject to this hardship.‡ Yet the commissioners, in their final Report, acknowledge that this class of poor should be placed directly under the care of the medical officer, without being compelled to seek for orders.

§ 19. Thirdly, with respect to the mode of appointing medical officers, your committee regret to observe that the custom of requiring tenders is admitted to prevail in a large number of unions. In no fewer than 72 of the above 242 unions, the medical officers are

\* In 19 cases out of 20, orders are applied for (p. 122).

† Not including Sir John Walsham's.

‡ In Mr. Adey's, Mr. Weale's, Mr. Tuffnell's, and Mr. Gilbert's unions, this abuse seems to be most prevalent.



still appointed by "tender," and in a larger, though not a clearly ascertained number, the unfair contracts originally made on this system continue unaltered.

Several other assistant commissioners report the prevalence of appointment by tender. Mr. Hall, for example, admits that it is still acted upon in some unions, and that in *all* his district, "at some period or other, the system of tender has been adopted" (p. 102); and Sir John Walsham avows that the medical officers of his district "have been almost invariably selected by tender, either direct or indirect."

Almost all the assistant commissioners recommend the discontinuance of this mode of appointment; but, unfortunately, two or three are not ashamed to defend a practice which has been condemned by a parliamentary committee, by the entire medical profession, and by the intelligent and humane of all classes. Thus, Mr. Gilbert is "of opinion that the guardians ought not to be precluded from the power of resorting to tender when necessary, for should the guardians and the medical officers differ as to the amount, I see (says he) no mode of settling the question so likely to lead to a fair adjustment, as to put it to the medical practitioners, generally, for what amount they will undertake the duties."

It will at once be seen that the method suggested by Mr. Gilbert is not, in fact, that of advertising for tenders. He attempts to disguise the real character of the transaction which he is anxious to justify. If, as he represents it, the question were put to the profession generally—that is, if the medical practitioners of each union were allowed to give their collective opinion upon it, a "fair adjustment" would undoubtedly ensue. To require tenders, however, is to put the question not *generally*, but *individually*, to them. It is effectually to preclude anything like a general opinion.

It is not surprising that, in the unions under the management of a gentleman, so beclouded in his views and so unguarded in his expressions, "*some party* (according to his own Report) *has been more or less dissatisfied with every arrangement that has been made*" respecting medical relief.

Sir E. Head, ever ready to defend the most obnoxious features of the poor-law medical arrangements, contends that since "it is the interest of the public to secure medical services at the lowest rate which is compatible with their efficiency," recourse may fairly be had to pecuniary competition; and intimates that the profession might protect itself against the injurious consequences of such competition "by internal regulations."

Your committee trust that the profession will act upon his suggestion; but surely he would do well to consider whether it is wise, just, or expedient, to oblige any class of the community, the intellectual no less than the manual labourers, to combine in defence of their legitimate interests. For what do "internal regulations" imply, if not some sort of combination? And have not numerous recent events shown that this is the inevitable tendency of a diminution of wages, where the law does not interfere to protect the weaker party?\*

§ 21. While some of the assistant commissioners were occupied in lame attempts to defend a degrading and sordid competition for professional appointments, another, Sir John Walsham (p. 123), proposed the only reasonable adjustment of the matter; though it would have been more creditable to him had he confessed the source whence he derived the idea.

"The guardians should nominate a special committee, to confer with a deputation from the medical practitioners of their respective unions; that the committee and deputation of any given union should,

subject to the approval and in the event of disagreement to the arbitration of the poor-law commissioners, fix upon the sums to be paid in their several medical districts, and that so soon as the arrangements decided upon by them have been sanctioned, and the disputed points (if any) definitively settled by the commissioners, the guardians should proceed to appoint the medical officers to such and such districts," &c. &c.

It is needless to remind the profession that the above is the "*authorised official co-operation of the medical body in each union with the board of guardians*" which was suggested by the medical witnesses in 1838, and immediately afterwards petitioned for by this association (see § 2).

Sir John Walsham's plan only requires the "central medical authority" in connection with Somerset House, to complete its efficiency. Had such a system been adopted from the first, the necessity for "tenders" would never have been heard of.

Obvious as is the propriety and feasibility of such mutual arrangements respecting the medical appointments and salaries, it is remarkable in how few unions they have been attempted.

Mr. Adey reports that in two unions only (Calne and Bradford) out of thirty-nine was it adopted; the most usual course, in the absence of pecuniary competition, having been for the guardians to take upon themselves to fix the salaries, and afterwards to advertise the districts."

§ 22. Fourthly, with regard to the inspection of medical duties.

The weekly reports of the medical officers are occasionally mentioned in the communications of the assistant commissioners, who, however, as well as the guardians, appear to have considerably moderated their tone of satisfaction on this point, since the parliamentary inquiry. They no longer speak with confidence of the value of these weekly reports, nor of their tendency to secure adequate and regular attendance on the sick.

The form for returns is confessed to be imperfect, and ill contrived.

The information required is both scantily and incorrectly supplied.

The parties, who have taken upon themselves to examine the reports, feel that they are utterly incompetent to form an opinion on the facts before them.

The want of efficient superintendence and professional inspection is apparent, if not acknowledged.

Your committee would recommend an attentive perusal of the evidence of the Rev. F. Calvert, chairman of the Cusford Union, and especially that of the Rev. S. Clissold, ex-officio guardian of the Blything Union.\* The result of the patient and unprejudiced observation of these gentlemen ought to convince the commissioners that such expedients are comparatively worthless, for ensuring a proper performance of duty.

Mr. Clive, Colonel A'Court, and Sir E. Head, suggest certain improvements in the form of returns and certificates.

Some of these alterations deserve adoption, though they would not supply the main defect of the system of superintendence—viz., the absence of medical inspectors.

§ 22. This defect appears more striking from certain statements in the Reports of the assistant commissioners respecting the diet of the sick; a subject which, in many unions, has occasioned much unpleasant discussion between the administrators of the law and the medical officers. The frequent directions of the latter for a supply of animal food and cordials to the enfeebled paupers, whose diseases often arise as much from the lack of proper nutriment as from any

\* "We must leave the price of labour to find its own level," is the sophistical and heartless cant of modern political economists.

\* Mr Clive's Report, p. 146-7.

other cause, have roused the prudent anxieties of the guardians, and excited the sympathies of the commissioners.

Any irregularity or neglect, on the part of the medical officers, might perhaps be excused; but their extravagance is intolerable!

Thus Mr. Gilbert incautiously confesses, that the complaints of the guardians (of the poor?) seldom apply to the inefficiency or want of attention of the medical officers; but to the inconsiderate manner in which these are accustomed to give their directions for mutton, wine, and other articles for the sick."

Although the responsibilities of union surgeons, on this head, were briefly considered by your committee in their last Report (§ 36), recent debates in Parliament\* have invested the question with so much additional interest, and some statements in the Reports, now under consideration, are so decidedly erroneous, that some comment on them is here necessary.

Mr. Adey asserts, (p. 94), that the poor are encouraged to seek medical relief, in consequence of "*the unlimited power exercised by the medical officers, in ordering relief in kind, to aid the operation of their medicines, a power which they neither possessed nor exercised under the old law.*"

The misrepresentations contained in this brief sentence are too glaring to escape observation. The "power" of the medical officer is *not* "unlimited;" but, on the contrary, it is confined to *recommending* general relief, which is plainly not equivalent to "*ordering*" such relief. In some unions a further restriction is placed on this necessary power, as will be seen in subsequent statements of Mr. Adey; and also in Mr. Gilbert's report (page 102), where it is stated that the relieving officers are authorised to use their discretion as to fulfilling the directions of the medical officers.

If by "to aid the operation of their medicines," Mr. Adey meant, to assist the recovery of the patient, it would have been more honest to say so.

This "power" (with regard to relief in kind), the medical men both "possessed" and "exercised" under the old law; and, in many parts of the country, to a far greater extent than under the present. Formerly, the medical attendant of the parish was considered the sole judge of the amount of extra diet; his directions were respectfully treated, and almost always complied with. But then, his position with relation to his employers was very different. He was either himself an influential parishioner, or else professionally connected with the principal inhabitants of the place; the interests of the rate payers being, therefore, united with his own, his prudence and economy could be depended on no less than his humanity. When, however, parochial appointments ceased, and he became *the servant of the board of guardians*, the bond of mutual interest between the medical officer and the rate payers was destroyed. If this bond should be restored, which is not impossible, by a judicious amendment of the whole system of medical relief, it will terminate these discreditable disputes between the medical profession and the commissioners, which are now too clearly on the increase.

Mr. Adey has not only endeavoured to convey a most incorrect notion of the "power" of the medical officers, but has impugned their honesty. For he states that, in obstetric cases, the poor women, and (to quote his own words) "*the midwives, frequently,*

*I fear, at the instigation of the medical officer, make every excuse to obtain his attendance, knowing that relief in kind is invariably ordered by him,*" &c.

The commissioners, also, in their final Report (adopting the substance of Sir E. Head's remarks on the comparative advantages and disadvantages of the payment per case, and the fixed salary), repeat the insinuation, though in more guarded terms, when they refer to the tendency of the "per case" system to encourage such an abuse; but they do not go the length of asserting it for a fact.

Mr. Adey's charge, however, is so explicit, that the union surgeons in his district, are bound, in justice to themselves and their profession, to demand a formal accusation of the parties to whom he refers. Nor have your committee any misgiving as to the result of such a demand, if made.

This assistant commissioner would then, doubtless, be reduced to the alternative, either of retracting the offensive imputations, or of maintaining a discreet silence, in imitation of his superiors, in 1835—6, when their unwarrantable attack on the character of the profession,\* was indignantly repelled by this association, and by other large bodies of provincial practitioners.

But it is to be feared that the courage and independent feeling, which then characterised the proceedings of the medical profession, have since been well nigh crushed, by the long continued operation of depressing influences, both from within and without; otherwise it is difficult to conceive, how the practitioners of an entire county† could submit without public remonstrance, to regulations which prohibit the medical officers from recommending "any additional dietary (except in some *very special* case), to any of the out-door paupers."

How can medical men withhold a decided expression of their opinion, when they see the sick poor committed to their care, perishing, or at best struggling through a protracted recovery, for want of "relief in kind?" Would the philanthropic Dr. Alison, of Edinburgh, endure a prohibition of this nature? Or the faculty of Paris, which not long since boldly remonstrated with the French government on its miserable dietetic provision for the inmates of the public hospitals?

If, as Sir E. Head believes (p. 138), there really exists a disposition on the part of the medical men to encroach on the administration of general relief (which, under certain circumstances, is perfectly justifiable), the only safe remedy would be to constitute some professional authority in connection with the commission, to whom an appeal might be made.

Your committee cannot quit this subject without stating their conviction, that so long as the medical officers are amenable only to unprofessional persons, and their interests are in any way opposed to those of the sick poor, a mere augmentation of their salaries, unattended by other amendments, would increase the tendency of the present arrangements to suppress those recommendations on behalf of their pauper patients, which might displease the guardians.

This view of the case must not be lost sight of in further efforts to obtain an amelioration of the system.‡

With the exception of occasional suggestions on matters of detail, which may be more suitably noticed elsewhere, a review of the communications of the assistant commissioners to the central board is now completed.

\* The case of Mr. Rayner, of Uxbridge, brought forward by Mr. Wakley, (March 22, 1841), excited a spirited discussion.

It appears to your committee that Mr. Wakley went too far, in requiring that medical officers should have absolute power to "order" relief, though, of course, they should not be restricted in *recommending* it. The responsibility of declining to comply with their recommendations must, as the commissioners declared, rest with the guardians.

† The italics are the Commissioners.

\* See Poor Law Report of Provincial Association, 1836 and 1840.

† See Mr. Adey's Report (page 95) for Bedfordshire.

‡ "Fair remuneration, with a sufficiently large district, will make the appointment desirable, and impress the medical officer with a deep sense of its importance to himself, and so check his interference in the administration of general relief."—Opinion of a Guardian.



§ 23. Your committee have next to consider the Report of the commissioners (December 31, 1839), founded on these communications, and influenced by others emanating from the medical profession.

The perusal of this report confirmed your committee in their impression of the hopelessness of any permanent and satisfactory amendment of the system, without the interference of Parliament.

It is true that the commissioners have recommended the partial adoption of many of the suggestions of the medical witnesses before the select committee of the House of Commons, in 1838; and, undoubtedly, an improvement would be effected, if even the limited reforms, sanctioned by the Report under consideration, were generally carried into effect.

In proof of this assertion, the particulars in which the commissioners profess their readiness to amend the medical arrangements are here briefly stated.

i. That the system of fender should now be abandoned (p. 46).

ii. That annual medical contracts should cease, and the union surgeons be appointed, as chaplains, clerks, and other paid officers are, for an indefinite period.

iii. That the salaries should be computed on an annual list of the *regular* paupers, and on the separate illnesses of the *casual* paupers.

On this point, however, the commissioners differ from the parliamentary committee, Dr. Kay, and the medical witnesses, in confining the advantages of the pauper list to those in the actual receipt of general relief; also, in comprising the paupers of an entire district of several parishes in one list; thus imposing a uniform rate on parishes at different distances from medical advice.

iv. That the remuneration for the pauper list should amount on the average to 6s. or 6s. 6d. per case, "subject to be augmented if the district is extensive;" and that the payments for those not included in the pauper list should be on a somewhat higher scale, "but the commissioners are inclined to think that it will not be found necessary to exceed 10s. per case."

"Midwifery and surgical operations of a serious character to be paid for by a separate charge for each case."

It will at once be perceived from this, that the commissioners understate the estimate of the witnesses examined by the parliamentary committee.\*

Such, then, is the amount of concession to the demands of the profession which this Report appears to sanction.

§ 24. Your committee would now direct attention to its unfavourable features.

First, It commences by an attempt, practised not for the first time,† to shew that no law, before the Poor-Law Amendment Act, authorised the provision of medical relief for the poor.

Now, it is difficult to conceive that, even under the law of Elizabeth, any efficient relief could be granted to the sick and infirm, without medical assistance, and if this were not afforded to the poor in the earlier period of the establishment of parochial relief (that is, in the 16th and 17th centuries), it was manifestly owing to the paucity of regular medical practitioners then in the country.‡

But with respect to more modern times, it is remarkable that the commissioners should have ventured to omit the slightest reference to the fact, that the common law of England had made distinct provision for the supply of medical relief, that the courts and (long before the new poor-law), had decided that the overseers of parishes were bound to provide such

relief, and that in default of so doing, the medical attendant might recover reasonable charges for his spontaneous services.

The tone in which the commissioners allude to the medical relief heretofore freely extended to the paupers of "15,000 districts," at so small a charge to the rate payers, is ungracious in the extreme, and affords a striking contrast to the fair, though brief, allusion to the services of former parish surgeons, made by his late Majesty's commission of inquiry into the operation of the old poor laws.\*

§ 25. Secondly, This Report endeavours to set aside, or to weaken the force of, several important recommendations of the parliamentary committee and the medical profession, with respect to the extent of districts.

The commissioners assert that no rule or scale of limitation could be generally enforced; and that the division of the union into districts must be left, as now, to the uncontrolled discretion of the guardians.

But your committee, distrusting the judgment of the commissioners, are desirous that the scale proposed by Mr. Serjeant Talfourd, should be submitted to the consideration of the government and of the legislature.

The distribution of parochial duties must not be abandoned to the caprice of the guardians, who require (as many of them have confessed) some rule to guide them, in making a judicious medical division of the union.

Your committee also object to the main principle laid down by the commissioners for regulating the extent of districts, which is, "that they should be sufficiently large to engage an important portion of the time and attention of the medical officer; and to create those responsibilities, those personal and pecuniary interests in the continuance to hold the office, which stimulate the officer to the efficient performance of his duty."

Now, in your committee's last Report (§ 33), the responsibilities and personal interests, involved in sedulous attention to the poor of a small district, are shown to outweigh those connected with a large one.

If, by "an important portion of time," &c., the commissioners mean a portion so considerable as shall preclude the medical practitioner from devoting his principal attention to private patients, their system will inevitably fail. For, since the salaries of union surgeons necessarily fall far short of the ordinary rate of professional remuneration, and are utterly inadequate to their maintenance, they are compelled to make private practice their first object, whether they are established practitioners, or whether they are seeking for more lucrative employment, by means of the introduction resulting from the union appointment.

The wisest course, then, for the administrators of the law would be, not vainly to oppose this obvious and natural tendency, but to frame their plans accordingly; and to entrust to each medical officer, no more ill-requited duty than he can properly perform with justice to his family and his professional station.

Your committee are confident that the greater the facility afforded to the medical officer (by small and convenient districts), for the performance of his duty, the stronger will be his inducement to hold office.

It would, as was shown in the preceeding Report, (§ 54.) be impossible for every parish to have a medical officer to *itself*; nor could such have been the case under the old system, although the commissioners have founded their argument on this assumption;† but what your committee would contend for is, that the several parishes of a district should be separately committed to the medical officer, under a distinct pecuniary arrangement for each.

\* See the preceding Report (1840)—§ 50.

† Vide Appendix Second Annual Report (p. 50), Circular Letter on Medical Clubs, also Mr. Gulson's evidence (1753—4), Parliamentary Inquiry.

‡ See an able article in the *Lancet*, p. 20, Vol. 2, 1830—40.

\* See the preceding Report (1840), § 17.

† "If each parish had its medical officer, as formerly"—Report of the Poor Law Commissioners.



A change so desirable would not involve, as the commissioners suppose, each medical officer, having only one or two cases to report upon;\* for there are, probably, not more than twice the number of eligible practitioners now engaged who desire parochial appointments; therefore, the average number of cases for each could only be reduced one half. Nor would it be necessary for the medical officers to attend the weekly meetings of the board "for the purpose of reporting cases;" which ought to be regularly performed in writing by them all. The advantage of a medical opinion at the board could be secured by admitting one medical assessor or referee, as the organ of the other practitioners in the union.

The foregoing remarks are rendered necessary by the unfair mode of representing the recommendations of the profession, in which the commissioners still persist.

That they yet sanction the enormous districts condemned by the parliamentary committee, is manifest from the terms of approbation in which they allude to the performance of medical duties in these districts.

§ 26. Thirdly, with respect to appointment by tender; although the commissioners advise that it should be abandoned, they again adduce reasons in its favour, as though it were not absolutely wrong in principle, but still open to discussion.

Having already, in the preceding Report (§ 21—§ 24), fully entered into this question, and having replied to all the arguments, at any time advanced by the commissioners in defence of pecuniary competition for medical offices, your committee do not consider it necessary to revert to the subject, further than to express their astonishment that the commissioners should have ventured to urge, in favour of the system of "tender," a plea, which had been disallowed by the parliamentary committee—namely, that the public profit by the disposal of that portion of the private practice of a neighbourhood which may be expected to attach to the parochial appointment. †

Precedents may doubtless be cited for such an invasion of the private resources of individuals, even when legally and honourably acquired, on the pretext of promoting the public good. But, except under a revolutionary government, such precedents are rare. May they never again be required to justify the administration of any law in our country, hitherto so renowned for its equitable regard to individual interests.

§ 27. Fourthly, the observations of the commissioners respecting the qualification of medical officers, next deserve notice.

"We admit," say they, "that it is very desirable that the medical men who are to have the charge of the poor should have experience in both branches of the profession;" nevertheless, "in the remote parts of the country, it would have been impossible to provide medical attendance on the poor, if we had adopted the recommendation of the medical profession, that we should exclude all who are not members of both the College of Surgeons, and of the Society of Apothecaries."

The preceding quotation affords fresh proof of the imperfect and partial view of the question which the commissioners present in their Report.

This association never proposed to enforce a complete medical and surgical qualification for those "remote parts of the country," in which the resident practitioners are without it; nor to exclude experienced medical men who, having already satisfactorily

attended the sick poor, possess in reality a better qualification than the majority of those who have but recently passed the usual examinations.

What the profession have required is, that where practitioners of reputation and experience decline the appointment, the guardians should not be permitted to employ a young man who is merely a licentiate of Apothecaries' Hall. Neither should they be allowed to displace (as they frequently have done), gentlemen who are members of the College and licentiates of the Hall, for the purpose of introducing those who possess only the latter qualification.

Sir E. Head, while defending the commissioners, tice at all without the double qualification; but argues that, whereas the state has not insisted on this, as a protection to the community at large, it should not be required for attendance on paupers.

Your committee would reply, that the independent portion of the community have the option of consulting fully qualified practitioners, which the paupers of many districts have not.

There is a wide difference between the liberty of choice, with its attendant penalties, possessed by the independent classes, and the compulsory submission of the poor to the treatment of imperfectly qualified practitioners.

It might be inquired, on Sir E. Head's principle, why prisoners are supplied with an order of medical practitioners superior to many who are now let loose upon the community.

But it is, obviously, no less consonant with sound reason than with established usage, to require a complete qualification for every official appointment.

If the necessity for a legal qualification in medicine, surgery, and midwifery, were imposed on all candidates for union appointments, every medical student would, as a matter of course, pass the required examination; and thus the public would share the benefit of the enactment.\*

§ 28. Fifthly, the next serious objection which your committee have to offer to the commissioners' Report is, that it indicates an intention to postpone, for an indefinite period, those amendments which they acknowledge to be required in the medical relief department.

It should be recollected that in 1838 (nearly two years previously), the assistant commissioner, Dr. Kay, who displayed a more correct acquaintance with the various bearings of the question than any of his colleagues, suggested these very alterations, together with others equally important, for *immediate adoption*;—and, moreover, that the parliamentary committee, impressed with the justice and propriety of the proposed amendments, advised the commissioners to carry them into execution. †

But, in this Report of the commissioners, there is no reason assigned, not even an apology offered, for their apparent neglect of recommendations proceeding from such high authority.

It is true that, in 1839, when the commissioners instituted the inquiries which led to their Report, they intimated that Parliament would probably legislate on the subject; also, in the report itself, they again refer to the possibility of such an enactment; ‡ but without the slightest allusion to any inability on their part "to originate the change;" on the contrary, they avow both the power and intention to give effect to their own recommendations.

To what end, then, it may be asked, is all this procrastination? If the alterations are so expedient,—if they were sanctioned after a public investigation by the parliamentary committee, and their propriety

\* Sir E. Head's other objections to the propositions of the profession, are answered in § 55 of the preceding Report (1840.)

† See the preceding Report, § 50.

‡ "Unless Parliament should lay down any course which it may deem preferable."

\* "Moreover, much loss of time and inconvenience would arise to the medical men themselves, as it would be necessary for a great many of them to attend the weekly meetings of the board of guardians, although each might have only one or two cases to report upon."—*Ibid.* p. 45.

† "That the engagement with the board of guardians operates to promote the private practice of the party engaged; and that by means of the system of tenders, the public derive some part, at least, of this collateral advantage."—Report of the Poor Law Commissioners, page 46.



further confirmed, after a second and private inquiry by the Commissioners themselves,—on what ground can their adoption be delayed?

Let not the association be deceived by the commissioners' professed expectation of some legislative enactment.

The history of the last seven years justifies the apprehension that they will endeavour to obstruct, rather than promote, any satisfactory reform of the system which may be proposed in Parliament.

The concluding sentence of the commissioners' Report implies, that the only chance of a speedy amelioration lies in the expression of a greater amount of "dissatisfaction" than has hitherto been elicited from the public and the medical profession.

Your committee, therefore, hope that the profession, at least, will act upon this hint, though it is impossible to approve of the principle which would concede what is right, not from a sense of its inherent justice, but to the vehemence with which it is demanded.

§ 29. Before taking leave of the Report (Dec. 31, 1839), your committee deem it advisable to refer to a passage in another part of that document.

Alluding to the obstacles which the administration of the law had encountered from the numerous existing interests, with which it clashed, the commissioners proceed to remark—

"We do not mean to cast any reflection upon any particular person, or class of persons; but we only state what might naturally be expected of any large body of men, when we say that their judgments were likely to be biased against a new system by which their profits were lessened, their power curtailed, or their habits broken, and that they were likely to condemn it on slight evidence, and to give a ready acceptance to *ex parte* statements unfavourable to it."

"It should, however, be remarked, to the honour of the legal profession, that although their profits were materially diminished by the reduction of poor-law litigation, consequent on the new act, they have never taken any prominent part against the measure, or used the great abilities and influence which they possess, for the purpose of discrediting it."

As the foregoing paragraph opens with a disavowal of its application to any particular class, your committee might be considered captious or over-sensitive, in assuming that it had any reference to the medical profession, but the pointed and (considering the authorship) not very delicate eulogy of the legal profession in the latter sentence, leaves no room for doubt that an invidious comparison between the two professions was intended.

This impression is confirmed by the recollection of a vulgar libel on medical practitioners, which appeared more than five years ago in one of the numbers of the "Law Magazine," but which evidently emanated from the same quarter,\* for it could hardly have been

\* We consider this passage worth publication. "The new poor-law proceeds with a steady march, crushing in its way much sessions practice. It has crushed also much medical practice, and here the public will observe the different behaviour of the two professions. The reduction of the sessions practice has been, from averages of forty appeals, to six, five, and one. Leaders of sessions have had their incomes reduced several hundreds a year, several have been compelled to abandon the sessions altogether. A great amount of learning, the result of much labour, is at once rendered useless; yet they are aware that the change is beneficial, and, without affecting to conceal its severity, they make no complaint. The medical men, on the contrary, who are simply prevented from charging exorbitantly for casual poor, and checked in making the parish pay their patient's bills, are banding together, and forming medical trade-unions, with the view of petitioning Parliament to obstruct the change, and keep up their emoluments. The commissioners fix prices for their remuneration much greater than were gained by any of them for the separate parishes; but this is not enough—they clamour for an increase.

"The commissioners then say that they shall fix their own prices by competition or open tender. But this satisfies them still less, and they clamour louder and louder, as if the country were about to be depopulated because the consump-

penned by an independent member of the legal profession.

The same train of thought is more or less manifest in both the passage from the Report and that from the "Law Magazine," but the coarse vituperation of the earlier publication gives place to the ingenious and polite insinuations of the last. With reference to the main question involved in these paragraphs—namely, the different conduct of the two professions on the introduction of the new poor-law, it may suffice to remark that they were very differently affected by it. In the one case, the poor-law diminished the parochial practice, and, therefore, the remuneration of lawyers, by removing the causes of litigation. In the other, it diminishes the remuneration of medical practitioners *without lessening disease and mortality among the poor*. On the contrary, it not unfrequently aggravated both—for instance, in the Bridgewater workhouse.

If it had been possible for the commissioners to diminish the necessities of the poor in this respect, and, consequently, to reduce their demands upon the profession, medical men would not have complained of a reduced remuneration.

(To be continued.)

## FEES OF GENERAL PRACTITIONERS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—I observe in your journal of the 27th inst, some suggestions relative to the remuneration of the general practitioner, in which your able correspondent suggests that a regulated scale of the fees should be adopted, and that the prices of medicine supplied by him should be reduced. Now, although I agree with him in his remarks that the practitioner should have a legal claim to be fairly remunerated for his professional skill, I am disposed to believe that, should this point be conceded by the legislature, we shall find the dispensing of our medicines exceedingly unpleasant, as tending to perpetuate the existing difficulty of the charge for "medicine" "and attendance," and derogatory to our station, as well-educated practitioners, endowed with the privilege of claiming a remuneration *not for our bottles and drugs*, but for our skill and attention. I cannot but think that the reduction in the price of medicines would be productive of a still greater evil than it is designed to remedy; for it would reduce us to the level of the druggist, for by it we become his opponent, and I feel confident that we shall never be able to do any good until we closet he "doctors' shops." Far better would it be that we should conciliate those men who at present may be truly said to share with us the medical practice of England. Let us petition for an act to enable us to prescribe without dispensing, leaving this latter branch in their hands, prohibiting them from interfering with our practice under penalties recoverable at petty sessions, for if the druggist finds that he can obtain the same sum for his medicines, whether he dispenses them on his own opinion or by the direction of the medical practitioner, it will clearly be to his interest to recommend the patient to apply for medical assistance, and this long existing feud would be at an end.

tion of pills is to be reduced. The commissioners have compelled the attorneys in a great number of instances to compete for their places, and to transact, as clerks, all professional business for costs out of pocket. Yet do they murmur? Does the Law Society in London, or do any of the local societies weary the government with their complaints, or the House with their petitions?

"We believe it may be proved that no profession has ever made larger sacrifices of interest for the public good, silently and unostentatiously."

See an able article in the *Lancet*, of May, 1836, in which the foregoing extract is triumphantly retuted.



With regard to the amount of the fee, it appears to me that here we should find no great difficulty; much of course would depend on the station of the patient, much on the distance. Our profession has long been esteemed for its pre-eminent liberality. I am certain that my brethren, being no longer subject to the *drudgery or expence* of dispensing, would gladly substitute a small fee for a *much larger apparent remuneration* for bottles and boxes.

This plan would also apply to the poor; the guardians could name a certain sum for attendance, and let them receive tenders for the supply of drugs for the paupers within the district assigned to each practitioner.

The self-supporting dispensaries and sick societies would be no obstacles to such a system, since the medical practitioner would receive a fair remuneration for his services, and it would be his interest to encourage those who were unable to remunerate him to subscribe to such institutions.

I am fully aware that the first introduction of such a change would be attended with difficulty; but I recommend it to the serious consideration of the members of the profession, conceiving that this is the only plan that would advance the general practitioner to that station in the commonwealth for which his education, skill, acquirements, and usefulness so pre-eminently qualify him.

I am Gentlemen,  
Your obedient servant,  
JAMES TUNSTALL, M.D.

Dawlish, Devon, Nov. 29, 1841.

## LIGATURE OF SUBCLAVIAN ARTERY

*For the Cure of Axillary Aneurism caused by Gun-Shot Wound.*

By JOSIAH C. NOTT, M.D., Mobile, Alabama.

The following case contain some practical facts of some value, and may not be uninteresting to surgeons who are called upon to operate for aneurism:—

The subject, Mr. Christopher L. Clausel, aged 30, is a very respectable gentleman of good constitution and good habits, of Claiborne, Alabama. On August 27, 1838, while hunting, he was holding his gun (charged with small shot) by the muzzle; the gun went off accidentally, and the whole load, after passing through the wrist, lodged in the axilla; considerable hæmorrhage ensued, both from the wrist and axilla. Dr. Watkins, who was in attendance, found it necessary to amputate the arm above the wrist, three hours after the accident; no artery required ligature, and this fact, with the hæmorrhage from the axilla, induced the belief that the axillary artery was injured by the shot.

A slough formed in the axilla, which commenced separating in four or five days. On the twelfth day, a hæmorrhage occurred from the axilla, and about a quart of blood was lost; it was commanded by compress on the wound. On the next day, a hæmorrhage again occurred to about the same extent. On the sixteenth day, a third and most alarming hæmorrhage took place, completely exhausting the patient; a compress was again applied, and the hæmorrhage did not return.

On the eighteenth day, the slough separated, leaving a cavity as large as an egg, and exposing the ribs; the artery could neither be seen nor felt; the healing process soon commenced, went on rapidly, and by the middle of October it was filled up, leaving only a narrow ulcer an inch long. About this time the aneurismal tumour commenced in the axilla, and increased rapidly.

Mr. C. came down to Mobile to consult me, and

I saw him for the first time on the 3d of November. On examination I found a large aneurism, filling up the axilla, and extending nearly to the clavicle; pulsations strong, and aneurismal thrill distinct. I advised tying of the subclavian artery above the clavicle, and performed the operation on November 27, in the presence of Drs. Fearn, Woodcock, and Crawford. No difficulty occurred during or after the operation, and every thing went on favourably. On the twenty-sixth day after the operation, the ligature still remaining firm, I attached to the end of it a gum elastic thread, laid a small compress on the clavicle, drew the thread over this, and fixed it to the chest by an adhesive strip; it was thus made to exert a constant and gentle force upon the ligature. On the thirty-first day, the ligature came away, and had it not been for this contrivance it would probably have remained a considerable time longer; although the ligature was tied so tight around the artery, that I could scarcely pass an ordinary sized pin through the loop after it came away.

At the end of forty days the patient returned home with the wound healed, the tumour much diminished, but the pulsation, which returned two days after the operation, was still strong, and purr distinct.

I saw the patient five months after the operation, and though diminished, there was still so much pulsation in the aneurism, and the purr so distinct, as to alarm the patient.

I lost sight of the patient until April, 1841, more than two years after the operation, when I had the gratification to see him perfectly well in every respect.

*Remarks.* This case proves that the return of pulsation, though strong, and continuing for months, is not necessarily a cause of just alarm. The use of the gum-elastic thread to facilitate the removal of the ligature, after a reasonable time is allowed, I think is also important; for the ligature keeps the wound suppurating, and there is always danger of the pus burrowing into parts where it would do mischief. There is a case recorded in the "Medico-Chirurgical Review," where the ligature remained eighty days.—*American Jour. of Med. Sciences, July, 1841.*

## THE TENDER SYSTEM

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—A very good illustration of the effects of the tender system, under the *surveillance* of the new poor-law, was kindly furnished to the profession by Mr. Braner, of Lowestoft, in your last hebdominal. He has omitted an important part of the communication viz. the name of the *successful candidate* who has promised to cater for the poor at about a penny a head, "within the hundred of Mutford and Lothingland," by inserting this in your next number, you will oblige,

Your obedient servant,  
James Theodorick Vale, M.R.C.S.L.  
Birkenhead, Nov. 30, 1841.

## OBITUARY.

M. Clement Desormes, Chevalier of the Legion of Honour, Professor of Chemistry at the *Conservatoire des Arts et Metiers*, died, at Paris, the 21st November, 1841, at the age of 62.

Printed by SAMUEL TAYLOR, of 6, Chandos-street, in the Parish of St. Paul's, Covent-garden, at his Office, No. 6, Chandos-street aforesaid; and published by JOHN CHURCHILL, at his residence, No. 15, Princes-street, in the Parish of St. Anne, Westminster.—Friday, December 3, 1841.



## COURSE OF CLINICAL LECTURES

ON

## SURGICAL DISEASES,

DELIVERED AT THE HOSPITAL OF LA CHARITE.

By Professor VELPEAU.

*Lecture X.*

PROLAPSUS ANI.

GENTLEMEN,—The subject of our lecture to day will be a disease which is known by the name of procidentia, or prolapsus ani.

The patient affected with this disease is a man, aged 52; he is by profession a tinman, of good constitution, and has suffered from the complaint for the last five years. The origin of the disease he attributes to piles, for which he had been treated in most of our hospitals, and especially at the Hotel-Dieu and St. Louis. Baths, emollient fomentations, a few leeches, were the means generally employed, and after a few days he was discharged from one hospital to enter another, after some time. The gut comes down only when he goes to stool; the tumour formed by the prolapsed intestine is nearly as large as the fist; is painful, and not easily reduced: the patient, however, can return it himself, without the assistance of a medical man. About fifteen months back the patient was admitted into the hospital of St. Louis, for the purpose of undergoing an operation, which was performed, but of what kind he is unable to inform us; perhaps the surgeon merely removed some hæmorrhoidal tumours. He was discharged apparently cured, and remained free from prolapsus during nine months. At the expiration of this period the disease returned, and the patient, wearied out with pain, &c., came here to have a second operation performed. I shall operate presently on him, but would previously direct your attention to a few important points connected with this disease, and the methods employed by surgeons for its treatment.

Prolapsus ani, Gentlemen, is rather an infirmity than a disease; but it may give rise to various diseases, such as inflammation, ulceration, &c.; the surgeon is therefore compelled to undertake the treatment of this affection, more on account of the consequences which it may produce, than the actual inconveniences to which it gives rise. The first point I would have you notice is the circumstance that there are several species of prolapsus ani; in one case the mucous membrane of the rectum is merely everted; in another a certain portion of the gut descends beyond the anus, and presents externally. Dupuytren and his followers insisted that prolapsus ani always consisted in mere eversion of the mucous lining of the rectum: this is generally the case; but it is certain that the whole gut is sometimes everted. Several writers have recorded examples of this latter species. M.

Paillard described a case in the "Revue Medicale" for 1829, and M. Nelaton has related several others; I have seen many such cases myself. M. Berard dissected a tumour, formed by descent of the rectum through the anus; the eversion of the gut was complete in this instance, for even the peritoneal coat was comprised in the tumour. The distinction between these two species, Gentlemen, is a matter of much importance, for any operation which is applicable to the former species of prolapsus would be attended with great danger, and might even prove mortal, if had recourse to for the second species.

On the present occasion I confine my remarks to the first species, or that depending on simple eversion of the mucous lining of the intestine; as this membrane is united to the other tissues by very loose cellular tissue, it readily descends, but, generally speaking, it brings with it a certain portion of the muscular coat of the intestine.

Prolapsus ani is a disease of frequent occurrence in children; it is easily reduced by pressure, and often gets well of itself as the child advances in age; when more obstinate, topical astringents commonly effect a cure. In adults, however, the disease is not so simple a one, but often resists every kind of local application. When the intestine comes down during the evacuation of fæces only, the patient suffers some inconvenience, but incurs no danger whatever; but medical assistance becomes necessary in all cases where the gut comes down without straining, is reduced with difficulty, and gives rise to ulceration, inflammation, &c. In some cases we are unable to reduce the tumour; the sphincter ani embraces it so tightly that gangrene ensues, the tumour is removed by mortification, and the patient may exhibit very alarming symptoms. MM. Sauveur and Ansiaux mention a case in which the tumour was completely removed by gangrene; the patient recovered.

The first step, in the treatment of prolapsus ani, when the disease is recent, is to reduce the tumour. Having cleansed the prolapsed gut with some emollient lotion, and then smeared it with oil, or spermaceti ointment, the surgeon envelopes it with fine linen, and applies gentle pressure with the fingers, or palm of the hand, from the circumference towards the centre, and from below upwards. In some cases it will be found more useful to press against the centre of the tumour, with the fingers united to a cone, whilst the other hand supports the swelling, and prevents it from escaping.

When the prolapsed intestine has been returned beyond the anus, it is sometimes unnecessary to apply any bandage for the purpose of keeping it up; but in many other cases we must employ mechanical means to prevent the gut from descending immediately again. A great variety of apparatus has been invented for this object: bladders filled with air or cold

water (Morgagni, Levret, Dieffenbach); rings (Bassins); astringent suppositories (Turner); bougies; plugs; the T bandage; in women pessaries. These different methods are doubtless good, but, unfortunately, they seldom effect a radical cure of the disease.

Whenever the tumour, formed by the prolapsed intestine, is strangulated, and the consequent inflammation seems about to terminate in gangrene, we must divide the sphincter ani either on one or both sides, as the case may require. The surgeon pushes the tumour on one side, and divides with a bistoury, from within outwards, the integuments and muscular tissue. Delpech performed this operation with complete success in a case of the kind just alluded to.

When we are unable to reduce the gut, or support it within the anus after reduction, some surgeons have recourse to extirpation of the tumour. Percy recommended this operation, which has succeeded in the hands of Cowper and Pasquier. The proceeding is the same as that for the removal of piles, a polypus, or any other tumour near the verge of the anus; it is however, unnecessary to remove the whole of the tumour; if we cut away the two inferior thirds, the remaining portion may be reduced easily. But this is a very painful operation, and often fails; hence it has been abandoned in modern practice, and given place to another method, which I shall presently describe to you.

The actual cautery has been sometimes employed for the cure of prolapsus ani; Ansiaux, Phillips, Burgraave, &c., relate cases of success; this is a very old method; Moreau endeavoured to contract the orifice by drawing the hot iron in the direction of the folds of the anus; perhaps this method suggested the idea which Dupuytren afterwards reduced to practice. However this may be, the only operations at present practised for the cure of prolapsus ani are those of Dupuytren and Hey.

The chief cause of this disease depends on too great dilatation of the sphincter, or on relaxation of the mucous membrane and integument which is continuous with it; hence the obvious indication to combat these causes by excising a certain number of the radiating folds of the anus.

In prolapsus ani, as I have already mentioned to you, the cellular tissue which unites the skin and mucous membrane to the muscular coat of the intestine, is greatly relaxed; now by removing a certain quantity of this cellular tissue, we change its tendency to relaxation completely; we not only contract the orifice of the anus, but excite in the submucous cellular tissue a degree of inflammation by which the parts become firmly united and incapable of extension. This is a very rational method, and I shall employ it on the present occasion. The first who practised it was Hey: in the year 1788 he had a patient affected with piles and prolapsus ani; the latter disease he thought depended on relaxation of the mucous membrane and its subjacent cellular tissue; he therefore suggested that, by cutting out a flap of integument together with the hæmorrhoidal tumours attached to it, he might favour the action of the sphincter and diminish the relaxation of the tissues; Hey, therefore, excised the whole circular flap of skin with the piles, and cured his patient. In 1790, Hey operated on another patient, but removed only one half of the circular band; in 1791, he modified his former operation by excising, together with the skin, about a quarter of an inch of the mucous lining of the anus. The successful operations of Hey had, however, been almost forgotten in England, when Dupuytren, who took the same views of the nature and seat of the disease, proposed his method of operating.

This method consists in excising several of the radiating folds of skin round the margin of the anus with a strong pair of scissors; the excision should commence about an inch from the sphincter, and terminate a few lines above it. Dupuytren thought that

the excision of four folds was sufficient, but you may remove six or eight of them without inconvenience. The nature of the case must determine the number of excisions and the extent to which they are carried. The hæmorrhage is seldom considerable; Dupuytren never observed any, but Hey mentions a case in which a good deal of blood was lost; the dressing is very simple. Dupuytren covered the wounds with lint smeared with cerate, and occasionally passed a small plug of lint into the rectum. In some cases I have followed a different plan, and introduced several plugs of charpie into the rectum, bringing out the ends and passing them along the different wounds; a large mass of lint is then applied and the whole supported by a bandage. The object of this mode of dressing is to prevent the wounds from uniting by the first intention, and thus obtain a more firm cicatrix. Generally speaking, the prolapsus ceases immediately after the operation; in some cases, however, it may return on the patient's going to stool, but the tumour is small, easily returned, and finally ceases to descend. It is almost unnecessary to mention that you should keep the bowels open by lavements or laxative medicines, to prevent any straining efforts.

When we reflect on the obstinate nature of prolapsus ani, we cannot sufficiently admire this simple and efficacious operation. You must not, however, Gentlemen, always reckon on success. Dupuytren pretended that *all* his patients were cured, but M. Pailard mentions one case of failure since 1815. The method of Dupuytren has been followed by a great number of surgeons; some, on the other hand, practise the circular excision. I have operated on many patients myself; in one case the disease returned after the lapse of a year; and I have seen three or four patients operated on, after Dupuytren's method, by other surgeons, in whom the prolapsus has recurred. You must not, then, expect to cure all your patients radically: still excision of the radiating folds of the anus is the best method that can be adopted, and is applicable to all cases which do not depend on some organic disease of the parts contained in the pelvis or hypogastrium.

I have already mentioned to you, Gentlemen, that some portion of the muscular coat of the gut often descends with the mucous membrane. Should this occur, you may excise some of the muscular tissue without any danger; indeed, this will render the operation more certain, and I am inclined to think that the failures to which I have alluded may depend on our neglecting this precaution.

I shall now proceed to operate after the method of Dupuytren. [The patient was now placed on a bed, and M. Velpeau excised four folds of skin; one above, one below, and one on each side of the margin of the anus; the excisions extended a few lines beyond the sphincter, internally. But little blood was lost, and the parts were simply dressed with lint and cerate. During the night the patient was seized with violent diarrhœa; he went to stool more than forty times, but the intestine did not come down.]

On the following day he complained of severe pain about the anus; the diarrhœa was less; this gradually disappeared; the wounds, which suppurated for some days, healed up; and the patient left the hospital on the 28th day after the operation, apparently cured; the intestine not having descended once.]

#### MEDICAL RESIGNATIONS.

Dr. Latham has resigned his office of physician to St. Bartholomew's Hospital. Dr. Davis has, also, resigned the professorship of midwifery at University College.—Dr. John Reid has been appointed to fulfil the duties of professor *ad interim*.



ON

## DYSPEPSIA;

RESULTING FROM

## DISORDERED STATES OF THE MIND.

(Read before the York Medical Society.)

By W. D. HUSBAND, M.R.C.S.L.

Lecturer on Botany in the York School of Medicine.

"The different forms of animals," says the illustrious Cuvier, "may be regarded as so many different kinds of experiments ready prepared by Nature, who adds to, or deducts from each, different parts, just as we might wish to do in our laboratories, showing us herself at the same time their different results." This beautiful remark of the Gallic Aristotle may be extended to every grade of created objects. The increase of inorganic masses is effected by external agents, while themselves serve only as passive nuclei. The vegetable has a power, gradually becoming more perfect, as its organisation becomes more complex, assigned to it, by which it can take up food, and apply it to the nutrition and development of its component organs. The wandering animal requires a different mode of sustenance from that which satisfies the stationary plant; and hence, from the simple bag of the polypus, equally capable of digestion on both surfaces, up to the more delicately organised stomach of man, we find the necessary reservoir modified according to the wants of particular species, by which the animal is enabled to carry along with him the food, which even in his wanderings is constantly being converted into part of himself.

The stomach in man may be defined to be that organ of the body in which the food, after it has been torn and bruised in the mouth, and intimately mixed with the secretion from the salivary glands, undergoes the first of those important changes by which it is assimilated to the living tissues. As the human stomach, then, constitutes so very important a link in the chain of organs by which the food of man becomes eventually an integral portion of his own body, it is not very wonderful that its influence on the bodily health should have been by some overrated. Disordered conditions of its functions have been a fruitful source of inquiry to the scientific practitioner of our profession, and a very profitable source of emolument to those who estimate the importance of a disease by the quantity of medicine required for its removal. Organic lesions in the structure of the stomach yield very much in frequency to disordered conditions of that structure, and the latter have been named dyspepsia, difficult digestion, or, somewhat in the same spirit as the *unnamed* bone has received the name of *os innominatum*, indigestion.

Dyspepsia is, as far at least as we can discover, little experienced by any other order of animals than that, which, according to Lord Montboddo has been deprived of its fair proportion of coecæal development. It appears also to be very rarely met with among the uncivilized nations, and we are not told that the Kamtschatdanes, whose remarkable partiality to train oil is well known, suffer much from this frequent attendant upon the denizen of more favoured lands. Why is this? Man in the more favoured condition ought to be better able to guard against this insidious foe. He ought to be so, but in most things man errs much more frequently from wilfulness than from ignorance. To the luxuries sometimes, and to the cares much oftener, of civilised life, does indigestion owe its existence. The expectation, too, of being relieved from its grasp lessens the fear of its invasion, for in the present day there is not much fear of continued suffering, without some

remedy being exhibited, either to amuse, while nature cures the patient, or to assist her operations—

"Ac si condolet tentatum frigore corpus  
Aut alius casus lecto te affixit, habes qui  
Assideat, fomenta paret, medicum roget, ut te  
Suscitet, ac natis reddat, carisque propinquis."

Difficult digestion may depend upon a variety of causes, as structural changes, excited action, atony, sympathetic derangement, "cum multis aliis quæ enumerare longum est." I purpose this evening to submit for your consideration a form of indigestion which is only cursorily noticed by some writers, and altogether unnoticed by others. This form of dyspepsia has its origin in a morbid condition of the mind, or rather of the organ through which the mind acts to convey its operations to the material world.

The influence which the mind exercises over the body in general, and the stomach in particular, cannot be doubted; its effects stare us in the face in the most ordinary duties of life. What a contrast is presented to us, when we compare the well-fed man of business, and his face tattooed by the lines of care, with the ill-fed peasant, and his rosy beaming countenance, of whom the poet sings,

"Thus they rejoice, nor think  
That with to-morrow's sun, their *animal* toil  
Begins again the never ceasing round."

You are all, I doubt not, familiar with the efficacious mode of banishing epilepsy from a school in Germany by mental influence, when it had been produced by the same cause. Who has not seen, I may say experienced, the effect produced on the appetite by exciting or alarming intelligence, or the suspension of the process of digestion by the same causes? If the mind had no influence over the body, the homœopathist would soon be exposed to public scorn and derision, and bread-pills lose their efficacy in the cure of hypochondriasis. Paris, in his life of Sir H. Davy, gives an amusing illustration of this influence, in the case of a man under whose tongue a thermometer was placed, preparatory to administering nitrous oxide gas, at the suggestion of Dr. Beddoes, for the cure of a paralytic affection. The man, believing the thermometer to be the agent intended to perform the cure, soon cried out that he could feel its beneficial effects. The thermometer was applied for a fortnight with some ceremony, and a perfect cure effected. At the siege of Breda, the Prince of Orange is reported to have produced astonishing effects by a sham remedy, "such as had not moved their limbs for months before, were seen walking about the streets, sound, straight, and whole." The ingenious author of Tristram Shandy aptly compares the influence of the mind over the body to "a coat and its lining,—if you rumple the one you rumple the other."

It is a common error, and one fraught, too, with danger to health, to consider the sensations of hunger and thirst as mere physical actions depending upon the condition of the stomach, whereas, in reality, the brain has no little share in their production. When the food, which has been received into the stomach, has been applied to the purposes of nutrition, and the waste which is constantly going on in the body requires new materials to replace the old, the nerves of the whole body convey to the brain a sense of the condition of the parts to which they are distributed, and by a reflex action the stomach is reminded of its duty, and called upon to perform its share in effecting the reparation. Hence, feelings of uneasiness are produced, which Brachet found to reside in the nerves of the stomach; for a dog, which had been made to fast for twenty-four hours, when the nerves were divided showed no inclination to eat. This conclusive experiment, and the daily experience of the medical practitioner, are sufficient to refute the



attempts made to explain the sensations of hunger and thirst on mere physical action—as, for instance, that of Dr. Beaumont, who, mistaking in observations on St. Martin, the effect for the cause, asserts that hunger depends upon a distended state of the vessels which secrete the gastric juice. We further know, that nutritious injections thrown up into the rectum, will remove the sensation of hunger, and soaking the feet in water will assuage thirst.

The influence of the mind over the body is especially marked in the sympathy which exists between the brain and the stomach. Disease of the brain very rarely exists without producing a disordered condition of the apparatus of digestion. Insanity and dyspepsia very frequently alternate with each other, and the liability of insane persons to dyspeptic affections is well known to every one who has had any opportunity of observing the diseases to which these unfortunate individuals are peculiarly subject. Dr. Prichard says of them, “the appetite is affected, digestion is impaired;” the converse may also be observed, and the frequent dependence of cephalalgia upon disordered digestion is too well known to require any comment. As there is no doubt that the latter may give rise to the former, so I think it cannot be disputed that a reverse action is very frequently produced.

Cerebral dyspepsia (if such a term be admissible) may be one of two kinds—viz.,

1. That depending upon over action of the mind, or the consequent exhaustion produced by such over action.

2. That depending upon want of mental action.

The former of these two forms of dyspepsia is seldom met with in the higher or lower classes of society. It is almost entirely confined to those who constitute the middle classes of our social community. He whom Providence has placed in a higher sphere, eats, and drinks, and loads his stomach with improper food, but long continued anxiety seldom harasses his mind, for he can often banish care in the busy scenes of gaiety, or the pleasing changes of travel. Secure amidst the storms of fortune, he lives a life of tranquil ease, unless he chooses to exchange the domestic tranquillity of private life for the busy arena of political contention, and for a prospect of those places of power and of patronage, where, to use the words of Sir W. Scott, “the pleasure of serving the country is combined with other important gratifications, which, to render them the more acceptable, occur regularly once a quarter.” The lowly-born also, though he, too, may often load his stomach with innutritious and indigestible food, goes on in the even tenor of his way, and, perhaps less often in these later days, has no thought beyond his present station; no ambition to gratify; no successes to envy. But when we view the lot of that class which connects the palace with the cottage, we find men placed under very different circumstances. We find men with refined feelings, cultured minds, and sensibilities rendered acutely accessible to injury or to insult, doomed to struggle with all those untoward circumstances which frequently cast the leaden chains of misery around many a son of genius and misfortune. Here we find many an one with an innate consciousness of being capable of better things, doomed to never-ceasing drudgery and labour, to maintain a bare existence. Can we be astonished that, in the mind of such a man, even the soothing precepts of religion may be unable to prevent some feeling of repining, when he beholds, in advanced life, men much inferior in real merit, by mere fortunate coincidences, or even unworthy means, obtaining that favour with his fellow mortals of which he feels himself to be unjustly deprived? It is true that men of all classes of society have like passions and feelings, and that some, even nobly born, stimulated by the love of applause, or incited by nobler inducements, are met with among the most laborious cultivators of the fields of science and of literature; but to

them the labour is a voluntary pleasure; to the middle-man it is a task. It is the continued, unceasing, unchanging straining of the mind, only met with in those who are compelled to earn their daily bread by mental labour, that the state of mind is produced, which is the cause of the disease under our notice.

*Symptoms.*—Individuals of every age after puberty are victims to this affection, as we might, *a priori*, expect in a disease over which circumstances exercise so much control. Those who are of what has been named the sanguine temperament, are most liable to its attacks. The sufferers are generally individuals connected with one of the professions, or engaged in extensive commercial speculations, or placed in situations entailing upon them very serious responsibility. Persons with large heads seem especially liable to this form of dyspepsia. The victims to this malady are generally men who think much, and bring under the investigation of their reasoning faculties all the occurrences of life. They are generally of spare habit, as are indeed almost all deep thinkers; a fact well known to Shakspeare, no careless observer, who makes Cæsar to exclaim—

“Cæsar. Let me have men about me that are fat, Sleek-headed men, and such as sleep o’ night; Yond’ Cassius has a lean and hungry look: He thinks too much; such men are dangerous.

Antony. Fear him not, Cæsar, he’s not dangerous; He is a noble Roman, and well given.

Cæsar. Would he were fatter!”

But to revert to a more particular description of the disease. We see exhibited many of the ordinary phenomena of gastric dyspepsia, such as loss of appetite, sense of weight at the stomach, heartburn, &c.; but this form may readily be distinguished by the co-existence of an unnatural state of mental irritability. The feelings are changed; and thus the placid, gentle individual, becomes irascible and petulant; within his bosom he may feel and regret the change, but it is one over which he has little control, unless his mode of life be changed, and his feelings moderated. Flashes of pain are experienced in the forehead, and the eyes often feel distended, and as if irritated by some foreign body. The tongue is generally coated, though sometimes it is morbidly red and clean. The pulse is little affected; sometimes, however, it is quicker and smaller. The countenance is pale, a little anxious, and not unfrequently tending to a sallow appearance. The urine is at first high coloured, and rather scanty, but, as the disease progresses, it becomes pale, or straw-coloured, and abundant. The sleep is generally disturbed, and the patient is harassed by dreams of an anxious, and often of a distressing, character. The bowels are torpid, and the alvine evacuations not unfrequently exhibit a deficiency of bile.

*Causes.*—The exciting causes are long-continued mental anxiety, literary toil, especially when combined with a sedentary mode of life, sudden mental emotions, and disease of the brain.

With regard to the proximate cause, we can only substitute a deduction from the symptoms for an opinion drawn from pathological phenomena. The brain appears at first to be in a state of active congestion, or even inflammation. This state is sometimes very indistinctly marked, and soon runs into a very opposite condition. Reflashes of pain, any photophobia that may be present, the scanty secretion of urine, and other marks of excitement, soon give place to other symptoms clearly depending upon a deficiency of nervous power. The countenance becomes pale, the patient is irresolute, nervous, and his ideas are more slowly perfected, and his actions betray the disorder of his mind, unless, as is sometimes the case, sufficient strength of mind remains to enable him to conceal his unfortunate condition from those around him. The vessels of the brain in the latter stages are



evidently congested, for sudden and powerful excitement will often banish the disease for some time. I cannot conclude this part of my subject without quoting the words of Dr. Caldwell, whose eloquence of expression, elegance of diction, and consummate judgment, must win for him the admiration of every one familiar with his lectures on physical education. "Dyspepsia," he says, "commences, perhaps, as often in the brain as in the stomach—possibly oftener. That this is true of the disease in Europe will scarcely be denied, after a fair examination of the facts connected with it. It is there, almost exclusively, a complaint of the studious and the scheming, who, overtaking their brains, injure them by toil." He further adds, "Dyspepsia and mental derangements are among the most grievous maladies that affect the human race; and they are more nearly allied to each other than they are generally supposed to be. So true is this, that the one is not unfrequently converted into the other, and often alternates with it." And here it may not be out of place to say a few words on the subject of Dr. Caldwell's labours. The importance of due attention to the education of the physical powers is not sufficiently recognised by the medical practitioner. The too early exercise of the mind, as the accompanying deprivation of the physical exertion, by which the irritability of early life is directed to a salutary end, often lays the foundation of mental disease, and a consequent life of misery. Nor is this the only error; they are numerous as the hydra-headed monster, and it is surely the duty of every medical practitioner, as the legitimate guardian of the public health, to endeavour to diffuse within the sphere of his influence correct principles, deduced from physiological truths, by which the powers of the body may be brought to their most perfect state of development.

*Treatment.*—In the treatment of this form of dyspepsia the physician must not be anxious to exercise his right of prescribing, nor must the general practitioner think too much of his apothecary's license. The medical practitioner must here merge for the most part his professional in his private capacity, and remember only that he is the friend of the sufferer; he may employ medicinal agents to improve the general health, and relieve the effects of the disordered state of the mind; but I fear few are so well armed with potent drugs as to answer in the affirmative the poet's question—

"Who can administer to a mind diseased,  
Pluck from the brain its rooted sorrow,  
Raze out the written troubles of the mind,  
And with some sweet oblivious antidote  
Cleanse the foul bosom of that perilous stuff  
That weighs upon the heart?"

The secondary disease of the stomach may be alleviated by medicine, but the primary disordered condition of the mind can only be removed by moral treatment. The patient's confidence must be gained, his feelings understood, his general tone of mind comprehended, and his circumstances in life considered. He must never meet with careless indifference or cold neglect. If he be toiling, and struggling with the world, buffeted amidst the waves of its many hardships, he must be encouraged, and persuaded to look forward to brighter and to happier days, and must be kindly and judiciously warned of the danger and even sinfulness of allowing dark and dreary forebodings to occupy his mind. If literary toil be grinding down the powers of his mind, he must be reminded of the advice—

*Cura ut sit mens sana in corpore sano;*

and, taught by the examples of Vico, Tasso, Kirke White, Scott, Southey, and many other too ardent cultivators of the gardens of science, and of literature, that, as the bow never unbent becomes useless,

so the mind constantly on the stretch becomes in like manner feeble and worn out. Who can read the affecting account given by Lockhart of Sir W. Scott's appearance at a scientific meeting in Naples, during his last travel in search of health, without feelings of regret and sorrow? If wild schemes of ambition be harassing his mind, and distracting his thoughts, he must be reminded of the uncertainty of human affairs, and, if possible, be led to contemplate the lowly precepts of Christianity. No more illustrations of perverted moral feeling, and mental power, are needed; in short, the state of the patient's mind must be thoroughly understood, that its equipoise may be restored.

With regard to medical treatment, we find that the condition of the general health, and the exhausted state of the nervous power, do not permit much depletion. When much excitement has been lit up, or the vessels of the brain are congested, a few leeches, or a moderate cupping, will prove beneficial. The shower bath is a most valuable remedy, but some caution is required when it is at first exhibited. Aloetic purgatives, with ammonia, sulphate of iron, oxide of lime, the chalybeate mineral waters, with an occasional dose of some mild mercurial, have, as far as my experience tells me, the most control over the secondary affection of the stomach. Change of air, or rather we ought to say, of scene, is to be strongly recommended, when it can be obtained, and if it be not within our patient's reach, the mind may sometimes be beneficially directed to pursuits which do not so powerfully affect the organ of intellect; thus gardening, farming, botany, geology, or any other pursuit, which, while it directs the powers of the mind to pleasing objects, at the same time secures a due exercise of the body, is to be strongly recommended and enforced.

2. The other form of dyspepsia, depending upon a disordered condition of the mind, is more rarely met with than the one to which I have just drawn your attention; it is principally confined to the upper ranks, though occasionally it will select an unfortunate victim from among the middle classes.

This condition of the mind is analogous to that described by Dr. Johnson, when he makes Rasselas thus unburthen his mind to the venerable sage: "That I want nothing," said the prince, "or rather that I know not what I want, is the cause of my complaint. If I had any known want, I should have a certain wish; that wish would excite endeavour, and I should not then repine to see the sun move so slowly towards the western mountains, or lament when the day breaks and sleep will no longer hide me from myself. When I see the kids and the lambs chasing one another, I fancy that I should be happy if I had something to pursue. But, possessing all that I can want, I find one day and one hour exactly like another, except that the latter is still more tedious than the former. Let your experience inform me how the day may now seem as short as in my childhood, while nature was yet fresh, and every moment showed me what I had never observed before. I have already enjoyed too much; give me something to desire." This state of mind answers to the "ennui" of the French, and to the "blue devils" of our sometimes not very classical language.

The secondary dyspepsia generally depends upon defective enervation, and may readily be distinguished from the first form to which we directed attention, by the state of the mind. In the one the brain has been in a state of over action, in the other action is wanted. In the one too much stimulus has been followed by exhaustion; in the other the requisite stimulus has never been applied. Thus we have general languor and listlessness, and these, too, quite disproportionate to the physical strength. The rationale of the disease seems clear. The brain, like every other organ, requires an extrinsic stimulus, without which it remains feeble and inert. If the



nervous centre be feeble in power, its off-shoots cannot but participate in such condition. The nervous energy of the stomach is consequently too feeble to perfect the process of digestion, and it is consequently very imperfectly performed.

In this form moral treatment is absolutely required. The patient must be roused, even if, like the Prince of Abyssinia, he seek relief in the miseries incidental to life. Active pursuits are to be recommended. Horse exercise is a valuable adjunct to other means, and may be made subordinate to many plans of interesting the feelings, and calling out of their dormant condition the mental faculties.

If tonics be given, they must be conjoined with aromatics; capsicum, musk, and assafoetida, are often useful.

Such are the two forms of dyspepsia to which I wished to draw the attention of this society; their importance, I trust, will not be denied, and that I may not be deemed presumptuous in stating my sincere conviction, that many an unfortunate victim to these diseases has been loaded with medicine when, in reality, moral treatment alone was required; but in the present day, and with the present race of medical practitioners, a better state of things may be looked for. The treatment of disease is widely different from that which prevailed when the successive doctrines of the chemical and humoral pathologists, of Brown, and of Broussais, held possession of the medical world. Medical men have been led to connect disordered symptoms with disordered functions, and have been reasonable enough to be guided by the light of physiology and anatomy to the suffering structure. They have been enabled to dispel the incubus of Æsculapian reasoners, and have reduced a destructive, nothing-at-all-pervading universality, into submission to the ordinary laws of matter and vitality.

## LACERATION OF THE VAGINA,

WITH ESCAPE OF THE CHILD

### INTO THE ABDOMINAL CAVITY.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—Although cases of rupture of the uterus, of laceration of the vagina, and of rupture of the uterus with laceration of the vagina, are, unfortunately, not rare, I am not aware that there is any case on record, resembling the following in its essential particulars; I therefore beg to offer a rough sketch, taken from notes made at the time, for the pages of your journal, should you think proper to insert it. I will not presume to trespass on your columns with autographic remarks on the peculiar features of the case, but leave them for those whose obstetric experience would better qualify them, and confine myself to a plain statement of facts.

I am, Gentlemen,

Your most obedient servant,

HENRY BLENKINSOP, M.R.C.S.

Warwick, Dec. 5, 1841.

Mrs. B—r, in labour with her sixth child, was attended by a midwife at a quarter past four in the morning of November 27, 183—; at eleven o'clock; the membranes being ruptured during the preceding pain, the midwife felt the head presenting, but (to use her own words), "the pains being slack," she left her patient till four, p.m. At ten o'clock the head had advanced a little, and the pains were stronger, but they soon became "very slack;" at two, a.m., they were more powerful, and all seemed to progress favourably; between three and four the woman had two, more than usually severe, expulsive pains, in the midst of the

last of which a noise was distinctly heard in the room as of something burst or torn through, when, placing her hands on the lower part of the abdomen, the poor woman shrieked out to the midwife to help her up, which was done; and, with assistance, she got off the bed, complaining of agonizing pain in the abdomen. A little gruel and some gin-and-water were given to her.

The midwife, seeing that all uterine action had ceased, became alarmed, and sent for a medical man; who, after having made some unsuccessful attempts at delivery, by the feet, without being aware of the real situation of the child, sent for the assistance of my father, whom I followed in a few minutes. On my arrival, a little before nine o'clock, a.m., I found that the patient had just expired, and the midwife narrated the above history of the case. Placing my hand on the abdomen, I fancied I could trace the body of the child, and, having provided myself with the requisite instruments, I cut through the parietes into the abdominal cavity, exposing to our view the great omentum; on raising which we perceived the child, a full-sized male, lying obliquely across the abdomen; the head in the direction of the right hypochondrium, the legs toward the left iliac region; the placenta was underneath the child. Having removed these from their situation, I proceeded to examine the uterus, expecting to find it ruptured; much to our surprise, however, this organ presented not the slightest lesion, and was contracted to the size it usually is in a few hours after labour. I now introduced my hand into the vagina (*per vias naturales*), and found that it passed without any obstruction into the abdomen, between the uterus and rectum, disclosing the existence of a large opening in the upper and posterior part of the vagina, the uterus being torn away from its posterior pelvic attachments. I carefully removed the uterus with as much of the lacerated portion of the vagina as, under the circumstances, I could obtain, and, on a more minute examination, the uterus proved to be quite free from the slightest participation in the injury.

I could not discover any ulceration or cicatrix in the vagina, but, had there been either, the ragged state of the parts would have made it difficult to trace their existence.

No instrument had been employed in this case, nor do I believe, after making the strictest inquiry, that there had been any violent manual interference.

## CASE

OF

### SPONTANEOUS RUPTURE OF THE UTERUS.

By WILLIAM GILL, M.R.C.S.

—Robinson, aged 30, of Wolverhampton, has had six children, and generally good labours. I was sent for by Mrs. Grainger, midwife, on October 28, 1839, on Monday, at three o'clock, p.m. Mrs. G. had then been in attendance about eight hours. She mentioned that, from the commencement of the labour to the present time, the pains had been contrary, and produced no effect upon the head of the child, which had continued fixed in the lower part of the superior aperture.

Upon examination, I found the presentation natural; the os uteri well open and dilatable; and it appeared to me that, with some good bearing-down pains, the child would soon be born. The pains, however, were not of the right kind, being chiefly confined to the abdomen, and evidently of an irregular spasmodic character. The midwife had administered small doses of ergot of rye before my arrival, but without any good effect. The membranes were not



ruptured, and the external parts were rather swollen and dry. The woman had been suffering from an attack of bowel complaint for several days, with great tenderness, and griping pains in the belly, which had not been relieved when labour first commenced.

After waiting with the woman an hour or two, and finding things continue in *statu quo*, I gave her a dose of the infusion of the ergot of rye, without producing any effect on the os uteri. I determined now quietly to wait for a few hours, first administering an opiate. Between five and six, whilst in the recumbent posture, she complained of violent cutting pains in the uterine region, which continued most excruciating for about ten minutes, never leaving her, and ending in an inclination to go to stool. Whilst on the *pot de chambre*, great bearing-down pains came on, attended with violent sickness, which continued for a few minutes, and then suddenly left her, quite easy from all pain. This suspension of all uterine action continuing for several hours, and finding the os uteri sufficiently open and soft, I determined to extract the child by the forceps. Before doing so, the midwife, casually placing her hands upon the belly, discovered a tumour, like the child's head, above the pubis, together with an extremity; on making close inspection, I found also the external genitals tumid and livid, and a sanious discharge issuing from the uterus in considerable quantities; the os uteri felt as in a natural labour; the skin, from being hot, was now pale and cold, though not clammy; pulse weak and quick; a distressing hiccup began to make its appearance; these, together with other symptoms, led me to suppose that the womb had given way. After consultation with my friend, Mr. Coleman (whom I immediately called in), we resolved instantly to deliver the woman.

After many attempts to deliver by the forceps (owing to the head constantly slipping), at last we succeeded in bringing a dead child into the world, no action whatever in the womb taking place; a considerable loss of blood followed its extraction. On examination afterwards, the intestines were found occupying the lower cavity of the pelvis. Mr. C. discovered a laceration of the uterus, posterior and superior to the neck, of considerable extent, through which the intestines descended. The intestines were not in the cavity of the uterus. I need not describe minutely the closing scene of this case. In thirty hours the patient was numbered amongst the dead. It was impossible to obtain an autopsy owing to the unconquerable prejudice which exists in this town. I had forgotten to mention, that, during the time the woman was on the *pot de chambre*, the midwife heard a loud report in the room, which likewise awoke me, who was sleeping near the fire. I have no doubt that this noise originated from the sudden laceration of the walls of the uterus.

Nottingham, Dec. 7, 1841.

## ERRORS OF DIAGNOSIS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—The remarks which have appeared, in one or two recent numbers of your Journal on errors of diagnosis, recal to my recollection a case which came under my notice some years ago, and which had a singular result, owing, in a great measure, to an error of diagnosis.

A man had a tumour about the size of a large walnut, situated immediately over, and in contact with, the left carotid artery. The fluctuation and pulsatory feeling were such as to lead two experienced practitioners, whom he had previously consulted, to declare it an aneurism.

Not being able to make up my own mind as to its exact nature, I requested the opinion of another practitioner. The result of our consultation was a determination to wait a short time, directing poultices to be applied, in the hope that our suspicions, as to the tumour being merely a chronic abscess, might be confirmed.

In about a fortnight from this time, however, I was desired to visit our patient at his house. It appeared that, by some means, he had been made acquainted with the nature of aneurism, and had been told that the tumour in his neck might, any moment, burst and suddenly destroy him. The consequence of this idea of impending dissolution, on his naturally weak mind, was total deprivation of reason, on which account I had now been sent for.

On examining the tumour, it was found that suppuration had evidently been proceeding in it; an incision was made without delay, and, in the course of ten days nothing remained of it, but a slight scar. It was, however, now too late. Although a principal cause of his melancholy condition no longer existed, its effects, as to his intellect, continued. Soon after, he escaped from his home, during the night, and was found drowned the next day.

The plan of ascertaining the contents of a tumour, by means of a needle, as in the case narrated by Dr. Beddome, in your last number, I have subsequently adopted, on more than one occasion, and have only to regret that it was not employed in the above case.

An eminent surgeon, the late Mr. Ransome, of Manchester, acted very much, in his lectures, upon the opinion that "unfortunate" cases afforded most instruction. After narrating cases of this description he added, "Gentlemen I tell you of these blunders, that you may avoid them."

Your obedient servant,

HENRY WILSON.

Runcorn, Dec. 6, 1841.

## DYSPHAGIA FROM SCROFULOUS DISEASE.

By DR. E. BENNETT.

The subject of this case was a young lady by the name of Mary Edwards, from the town of Sherman, in the north part of this county. She first consulted me in November, 1840. She is nineteen years of age, of delicate slender form, with sallow countenance, black eyes and hair. Her general health was bad; the menses were irregular, and she complained of lassitude and debility. She said that about five years since she began to experience a little difficulty in swallowing, which had gradually but steadily increased until the present time. She could not swallow any substance as large as a common pill, without dividing it into two or three pieces, and she then swallowed it with difficulty. The pharynx was dilated upon each side into pouches of considerable size, so that when she swallows fluids, they at first appear to pass into a cavity, and then with a gurgling noise pass down the œsophagus. She complained of no pain in the throat, except after exposure to cold. After eating there was a smarting sensation, which, however, soon subsided. I attempted to pass a bougie into the throat, but was wholly unable to do so, although I made the attempt at different times. Although the instrument was of small size (not being larger than a medium sized catheter), I could by no possible means make it pass the stricture; it would pass down about five inches from the incisor teeth, and stop abruptly. If it was pressed upon, or rotated, it passed immediately into the glottis, and had to be immediately withdrawn to prevent suffocation. To satisfy myself that it really entered the rima glottidis I substituted a catheter for a bougie, which, when introduced in the same manner, permitted her to respire through it, which re-



moved all doubt upon this point, and proved most conclusively that the instrument was in the trachea. From her general appearance, and from the history of her case, I came to the conclusion that the disease was of a scrofulous character, and that the difficulty of deglutition depended upon a scrofulous degeneration of the coats of the œsophagus. Having come to this conclusion, I commenced a course of medication in accordance with these views. I gave her a pill of conium, ipecac., and blue mass, three times a day before eating, also twenty drops of the iodide of iron three times a day half an hour after eating, directing at the same time the neck to be rubbed with iodine ointment morning and evening. Having continued this course of treatment for a few weeks I again attempted to pass a bougie into the throat, but was, as before, unsuccessful. Foiled in my repeated attempts to introduce a bougie, I began almost to despair of doing her any good; but I resolved to make one more trial, and that with a different instrument. I procured a flexible piece of whalebone, to the end of which I attached, by means of a screw, a small but perfectly smooth ball of ivory; the size of the ball was about that of an ordinary sized pea. Armed with my instrument, I again returned to my task, and soon had the satisfaction of passing it through the stricture, though not without using considerable force. The passage appeared to be hard, indurated, and quite rough and knotty. After the instrument was withdrawn, she spit up some blood and complained much of pain in the stomach, which lasted for two days, and was so severe as to require full and repeated doses of morphine to subdue it. As soon as the soreness of the throat had subsided, I again introduced the instrument. By pursuing this course for four or five weeks, I found that the instrument passed with ease, and I therefore substituted a larger one, which I gradually increased in size as the passage dilated, by dipping it in melted wax. In this way the dilatation was very gradual, and almost without pain, and in four months from the commencement of the treatment my patient left town in good health and fine spirits. The induration and raggedness of the œsophagus has entirely disappeared, the pharynx has regained its usual size, and she swallows with the utmost ease and facility. The blue mass and ipecac. was continued only for a few weeks; but the conium and iodine were continued through the whole course of treatment, with an occasional intermission of a few days. The instrument used in this case I think better adapted to overcome such difficulties than a bougie, as it has no point, and will not, therefore, be obstructed by the ragged and uneven surface of the œsophagus. Neither will it so easily pass into the glottis, and being more firm, it can more readily be guided into the tube, and when there can be pressed with more force and precision. I do not think that in this case I should have ever succeeded in passing a bougie.—*American Journal of Medical Science, July, 1841.*

#### DOSES OF STRAMONIUM.

In allusion to a memoir on the treatment of hallucination by datura stramonium, published in our number for Nov. 13, a correspondent remarks that the French extract must be a great deal weaker than our English one, twenty grains of which would kill any human being. Our correspondent says that he has frequently given stramonium in cases of neuralgia; on one occasion three grains were taken at bedtime, and produced some alarming symptoms; for some days the patient was affected with hallucination, and thought that one side of him was alive, while the other side was buried.

#### PROVINCIAL

### MEDICAL & SURGICAL JOURNAL

SATURDAY, DECEMBER 11.

The changes which, from time to time, arise in our views of disease, and in our modes of combating it, form a subject of contemplation from which some instructive lessons may be derived. Those who are versed in the history of medicine well know that the theory of to-day is frequently little more than another mode of expressing the opinions which were in repute shortly before; whilst between the exclusive system of pathology of one age, and its apparent opposite of the next, there are often more points of agreement than at first sight would appear. Our readers are aware that great advances have been made of late in tracing many diseases to a morbid condition of the fluids, and we hear much, in consequence, of a return to the humoral pathology, as it is termed. It admits, however, of question, whether, even in the days of the most exclusive solidism, it has ever been otherwise than that the doctrines which are now received as appertaining to humoralism have not, under other names, been recognised.

Pathology has been held to consist in morbid alterations or degenerations of the tissues, and these have been described as they affect the form, the structure, and the development. To the first of these, or variations of form, are referred alterations of situation, of volume, including hypertrophy and atrophy, of density, and of configurations; to the second, inflammation, mechanical lesions, transformations, and degenerations; to the third, morbid conformations and accidental development. In this manner a system of pathology, founded exclusively on changes taking place in the tissues, has been constituted, and, whether well or ill devised, whether capable of including in a natural order of arrangement all the deviations from the regular organisation or otherwise, the method was at least intended to have reference mainly to alterations in the development, form, and structure of the solids. Even at this more advanced period of our knowledge there would be little difficulty in classifying, under the same general heads, those morbid alterations, degenerations, and developments of the solid parts of our frame which have more recently become known to us. Were we to trace back the way into our darker ages of medicine, when all disease was held to consist in the varied states and proportions of the so-called humors, we might still distinctly perceive that organic changes in the viscera and membranes were even then recognised more or less as giving rise to functional derangement, although often perhaps inextricably involved and mixed up with considerations respecting black bile, phlegm, &c.

But, in the varying condition of the fluids, we may, in like manner, detect changes of form, of structure, and of development, differing, it is true, from those



changes, hypothetically admitted in former times as the groundwork of the old humoral pathology, but still affording so far traces of resemblance as to show, that the defect of those times was rather in the want of precise knowledge, than in the mode of applying that which was then possessed to the elucidation of the phenomena of disease. At the same time, therefore, that organic changes were admitted, under different denominations, as causes of aberrant function, in the midst of a system professedly tracing all morbid conditions to alterations in the nature, proportions, and volumes of the fluids, there would be little difficulty in showing that, in like manner, changes of the fluids were recognised as influential in the generation of disease in the days of even the most exclusive solidism. Changes of situation, of volume, of density, and of configuration in the blood and other fluids, as well as in the organised tissues, determinations, chemical and organic alterations, &c., have been in every age more or less distinctly perceived to be the source of various morbid states. It is true that a difference will be found in the mode of explaining these several deviations from the state of health,—that at one time some change of structure in the tissues will be sought for as the *primum mobile* in the course of diseased action; at another, that to some change in the character of the fluids will be ascribed all the subsequent disorder and disorganisation which has resulted in the progressive deviation from the healthy state. But the secondary phenomena, which for the most part constitute the actual sum of our knowledge, though differently explained, and attributed to different sources, have at all times been recognised, and, divested of the hypotheticalal verbiage in which they are involved, the facts as far as the existing means of observation allowed of, remain the same. When, therefore, the organic or humoral pathologies are spoken of as having possession of the schools, we are to understand nothing more than that the one or other mode of seeking after the first cause, the ideal essence, as it were, of the deviation from health is intended. The changes in the solids and in the fluids are both admitted, as well as the secondary influence of these changes in the production of symptoms. The point questioned is the order of sequence, that which, perhaps, will in most cases always elude our investigation.

The determining of wherein consists the first germ of disease, would give us the leading idea of pathology, the principle to which life and attraction, and gravitation, are the analogies in physiology or chemistry, and in physics. These principles, however, we know only by their effects. Can we expect to know more of the corresponding principle of disease? In the present state of our knowledge those secondary phenomena, which we denominate symptoms, and which, in fact, often constitute, as far as the sufferings of the sick are concerned, the most essential part of disease, may be traced in some cases to changes in the organs and tissues; in others, to alterations in the distribution, proportion, or nature

of the fluids. Upon such data no exclusive system can be founded, and here, as elsewhere, the truth of the maxim, “*in medio tutissimus*,” becomes apparent. Whenever it is attempted to proceed beyond this, a veil of obscurity seems to impede further progress, and the way is immediately opened to assumption on the one hand, and to disputation on the other, until all engaged exhibit a most edifying spectacle of controversial discord, in which, perhaps, no two of the disputants are precisely agreed, and too often, also, the temper and tone in which the discussion is conducted, are in accordance with anything rather than the modesty which ought to characterise all scientific inquiry.

Are we, then, to refrain altogether from the search after these hidden principles of science, without which the superstructure which is raised, however elevated, must be ever wanting in completeness? Are we to rest contented with investigations of these secondary phenomena only? Certainly not; but from the days of Aristotle to those of Bacon, the human intellect had fritted away its powers in the search after these principles, and, in the endeavour to develop them by its own acuteness, has most signally failed. Whether the failure is to be attributed to the manner in which the search was instituted and carried on, or to the inherent nature of the subject, being such as ever to evade the powers of the human mind, remains to be seen.

There can, however, at this period, be no doubt as to the method to be followed in the future progress of the investigation. The experience of ages has shown that by commencing with an assumed principle, and working downwards, nothing but contention and unsatisfactory results is likely to be reaped, while the conclusions attempted to be drawn from such a mode of proceeding have, in every instance, proved but the baseless fabric of a vision, which leaves not a wreck behind. The mode of procedure, therefore, must be reversed; the foundation based in medicine, as in other sciences, on observations; laws carefully deduced; residual phenomena reserved for further inquiry; until at length such a series of generalisations is attained as entitles us to proceed to the very key stone of the edifice thus raised in all its fair proportions. This should be the object at which we aim and though we fail in attaining it, we shall yet be rewarded in the pursuit by the acquisition of sound knowledge. *Ibant altius qui intentur ad summa*. They shoot highest who aim at the stars, and though our arrows may not, in their flight, reach to such an ideal height, nor our search be recompensed by the development of the ultimate principles of knowledge, we may yet obtain such an acquaintance with the effects of these principles, such an insight into the laws under which they are manifested, as to approximate our science to the state of all but perfection, to which some other branches of knowledge have attained.

## REMUNERATION OF MEDICAL MEN.

A case of considerable importance to the medical profession was decided last week at the Court of Common Pleas, under the direction of Lord Chief Justice Tindal. The facts of the case are briefly as follows:—

Mr. Baxter, a surgeon of some eminence, brought an action against Gray and another, as executors of a Mrs. Bostock, to recover the sum of £569 2s., for a long attendance on that lady, who died at the age of 90. The plaintiff, Mr. Baxter, practised as a surgeon; he did not, however, compound or send in medicines, but merely prescribed as a physician. He had attended Mrs. Bostock constantly from the year 1829 to 1835. It appeared from the evidence that Mr. Baxter calculated on a *post-mortem* remuneration in the shape of annuity or legacy, and did not receive an immediate *honorarium* for each visit. Mrs. Bostock died, but the expected legacy was a "castle in the air;" an action was, therefore, brought to recover for attendance. The defence set up was, that the plaintiff had been paid for his attendance, but only £33 were proved to have been paid.

The facts which we have just stated having been established, Lord Chief Justice Tindal told the jury that there were only two questions for their consideration; first, the amount to which the plaintiff was entitled for attendance; and secondly, whether the whole or any part of that amount had been paid. The evidence was very loose on the part of the plaintiff, to show the precise number of attendances which had been given, but there could be no doubt that *the attendance was considerable*, and that the plaintiff was *entitled to something handsome for it*.

The jury returned a verdict for the plaintiff—damages £217.

The result of this trial, to which we shall probably recur on another occasion, is of great importance to the profession. Hitherto, it has been held that a surgeon could only recover for attendance in surgical cases; but here we have a *handsome* remuneration awarded to a surgeon for purely medical attendance. The defence set up, be it remarked, was not that the surgeon had been acting as a physician, and, therefore, not entitled to recover, but that he had been already paid for his attendance; the right to charge for such attendance was fully and distinctly admitted by the learned judge who tried the case.

If this principle be carried a little further, the right of a physician to recover for attendance will also be admitted at common law. Surely, if a surgeon be allowed to sue and recover in cases where he is *bona fide* acting as a physician, the judges of the land will not refuse their assistance to the physician while acting in his own capacity.

## REVIEW.

*The Cyclopædia of Practical Surgery, embracing a Complete View of all the Departments in Operative Medicine.* Vol. I. Edited by WILLIAM B. COSTELLO, M.D. London: Sherwood and Co., pp. 879.

The great majority of our readers must, ere this, be fully acquainted with the merits of the "Cyclopædia of Practical Surgery," for we feel confident that the first volume of this important work must be in the hands of every respectable practitioner throughout the kingdom. In these days of book-making and book-stealing, with such a dearth of medical works which possess any solid claims on our approbation, it is encouraging to find a great national monument of our scientific industry advancing, slowly, it is true, but steadily, towards its completion.

The "Cyclopædia," we repeat, will form, when terminated, a national work, of which English surgery may justly be proud. Let the articles contained in the first ten parts be compared with those in the French or German dictionaries, and every impartial judge will award the palm of superiority to the English production. We make this assertion confidently and conscientiously: we have, at various times, not only perused, but studied the chief articles in the different dictionaries alluded to, and we affirm that the "Cyclopædia of Surgery" affords more extensive information of a practical nature, on each and all of the capital subjects embraced in it, than any other work of a similar nature.

To the editor, Dr. Costello, is due no small degree of praise, for having directed and arranged the heterogeneous elements which compose the "Cyclopædia," so as to form a perfect and harmonious whole.

To produce a work like the "Cyclopædia of Surgery," is by no means so easy a thing as people generally imagine. To select a competent set of writers in the different departments of surgery is easy enough, but to get the men to write, and, above all, to write *punctually*, is a different matter. So far as selection goes, Dr. Costello has been fortunate; a reference to his list of writers shows that many of our most distinguished practitioners have contributed to the pages of the "Cyclopædia;" thus Sir A. Cooper has furnished the article, "Castration;" Dr. Eliotson, "Acupuncture;" Mr. Wardrop, "Aneurism;" Mr. Tyrrell, "Amaurosis;" Mr. B. Cooper, "Abdomen," &c. Still, in the list of contributors, we find the names of several eminent men who have not as yet produced anything, and we trust that the editor will make every exertion to keep those who have promised to a fulfilment of their duties.

With respect to punctuality, the Editor has not been so fortunate as he has in the selection of writers. We would not underrate the advantages of punctuality bringing out a work which professes to appear regularly on the first day of every alternate month, but we would remind the public that a want of such punctuality must, in some measure, be proportioned to the professional eminence of the men who contribute to a work of this kind. The junior members of the profession, and many seniors, who write for lack of something better to do, are ready enough with their



pens, and will soon supply you with an elaborate article—from the British Museum, or the library of the College. Men of extensive practice, however, are not such ready writers; the few moments which they can snatch from professional engagements, barely suffice for the occupations of social or domestic life, and we should receive with thankfulness their contributions, be they “few and far between.”

We could point to several instances in which the regular publication of the “Cyclopædia” has been unavoidably interrupted by the cause just alluded to; but the patience of the public must not be strained too far, and we hope that Dr. Costello will continue (as we know he has hitherto done) to exercise a wholesome control over his contributors, and confine their dilatory propensities within reasonable bounds.

The articles contained in the “Cyclopædia of Surgery” are, as we have already mentioned, characterised by their practical tendency. This is their chief and most valuable feature. Free from the luxuriance of literary disquisition which abounds in productions of the German school, and from the more brilliant, but scarcely more useful speculations of French writers, the articles of the English dictionary are plain matter-of-fact descriptions of disease and of the most efficacious modes of curing disease. The subjects, are, generally speaking, treated in a very methodical manner. This quality we are well pleased to find, because English writers are too apt to neglect the advantages arising from a “*lucidus ordo*.” The illustrations of each subject are carefully and judiciously chosen, but some of the illustrative cases might, we think, have been curtailed or omitted; long and dry details of cases are not suited for the pages of a “Cyclopædia.” But in addition to the sterling qualities of clearness in description, lucid arrangement in details, and the practical bearing of the matters introduced, the “Cyclopædia of Surgery” is distinguished above its rivals, by the introduction of a series of wood-cut illustrations whenever the nature of the subject seemed to require them. The articles “Amputation,” and “Cancer,” for example, are illustrated in the happiest manner, by numerous wood-cuts and plates on steel, and we understand that the forthcoming treatise on “Fractures” will be illustrated by a great variety of similar cuts, executed by one of our best artists.

In the present notice, we have merely alluded to the general character of the “Cyclopædia of Surgery,” without examining any of the articles contained in it; as the parts continue to appear, we shall take occasion to review the leading subjects treated in each. Of the merits of the work we cannot speak in too favourable terms; if the forthcoming volumes equal the one which now lies before us, we can honestly affirm that the “Cyclopædia” will form a most complete and perfect compendium of surgical knowledge. One defect only have we to notice, and we point it out the more readily, because the blemish may be easily removed. Several errors of the press occur in many of the articles. Thus, in Dr. Donellan’s treatise on “Erysipelas,” we have Blondin for Blandin, Piorri for Piorry, Brett for Bielt, &c. These are insignificant errors, but they disfigure a great work.

## MR. CARMICHAEL ON MEDICAL REFORM.

The United Kingdom does not possess a more sincere or disinterested medical reformer than Mr. Carmichael. The following brief sketch of “a Plan of Medical Reform” will, therefore, we are sure, be perused with much interest by our readers.

Mr. Carmichael commences his pamphlet by stating that the objects of the majority of medical reformers are,—

1. A good preliminary education, such as is required of those who enter into the other learned professions.
2. A good practical professional education, to be tested by a scrutinising demonstrative examination.
3. Equality of qualification, in each great division of the United Kingdom.
4. The union of physic and surgery, at least in education.
5. The separation of the practice of pharmacy from the practice of medicine, as far as the interests and usages of society may permit.

Having ably illustrated each of these propositions, Mr. Carmichael examines the main question of medical reform,—viz. the inconveniences which arise from the numerous sources of medical qualification now existing in Great Britain and Ireland.

“It has been wisely proposed (says Mr. Carmichael) to form a council or licensing board for each division of the United Kingdom; one to hold its sittings in London, another in Dublin, and the third in Edinburgh.

“Had the different colleges of physicians and surgeons conferred upon all persons upon whom they granted their diplomas, a voice in the management of their affairs, it would be easy to form out of them a council or licensing board for each of the three great divisions of the kingdom; as the Colleges of Physicians and Surgeons of England, Ireland, and Scotland, might readily have formed respectively the councils for those portions of the empire; but as the reverse is the case, only a select few having a voice in the management of each institution, it is absolutely necessary that these colleges should open their doors to all those upon whom they have conferred their diplomas or licences to practise, and extend to them the *elective franchise*, which will then authorise all to vote for their representatives in the proposed councils. For nothing less than the exercise of this corporate right will now satisfy the members of the profession. This internal reform having once taken place in each college, the councils can be easily formed on the elective principle. Then let the Colleges of Physicians and Surgeons of London elect twenty-four members of council for England, those of Dublin as many for Ireland, and the different Scotch colleges the same number for Scotland.

The delegates of the Colleges of Surgeons, will, most likely, be the *élite* of each college, resident in each metropolis: for those living in provincial towns could not attend without great loss and inconvenience at the necessarily frequent meetings of council, and therefore would probably be esteemed ineligible.

I would here suggest, that no member of any college, either of physicians or surgeons, who is a general practitioner, even under the new regime, should be esteemed eligible to be a member of council. And I would limit the right of voting to those members of the profession only who have been five years in practice.

Scotland will, perhaps, require a different arrangement in the formation of its council; for, notwithstanding the vast inferiority of its population com-

pared to that of England or Ireland, it contains, besides its Colleges of Physicians and Surgeons of Edinburgh, other licensing bodies—viz., the University of Glasgow, the Medical Faculty of the same city, and the Universities of Aberdeen and St. Andrews. Yet the Scotch colleges will, I trust, find no difficulty among themselves of settling the proportion of delegates from each of the licensing bodies, to form the medical council of their nation; and the mode I am about to suggest of collecting the votes of so scattered a constituency in the United Kingdom, will be more easy than that proposed by Mr. Warburton in the draft of his bill for regulating the medical profession in 1840.

Each college will, or ought, to keep a registry of its members, each member being called upon to report his residence, and afterwards any change as often as it may occur, to the college from which he has received his licence. If he possess the diploma of more than one college, then let him make his selection in which he chooses to vote.

One month previous to the election of a member or members of council, circulars can be issued by each college to its members, conveying a printed form, which, being returned, the successful candidates may be declared by the president and managing committee of the college, whatever may be its designation. The duration of council may conveniently be for three years.

The duties of each of these national councils will be, to appoint examiners, to regulate the examinations, to license successful candidates, and to superintend the general concerns of the profession.

In order to connect these three councils, so as to preserve uniformity of proceeding throughout the United Kingdom, it is proposed that each of these councils shall, within one month after its formation, elect three persons from amongst their own body to form a medical senate, which may, like the council, continue in office for three years. To these nine medical delegates government will, in all probability, be disposed to add some lay assessors, as the duties of the senate will be of a most important nature—viz., the enactment of bye-laws and regulations for the entire profession. Those of the council would be, to have those laws and regulations carried into effect.

It is also proposed that a college of pharmacy shall be established in each metropolis of the United Kingdom for the purpose of regulating and superintending the practice of pharmacy. The Apothecaries' Companies of London and Dublin are ready formed for this purpose; but it will be necessary to establish a new college of pharmacy altogether in Edinburgh.

If druggists will enlarge their sphere beyond the wholesale traffic of drugs and dye-stuffs, they should be under the necessity of qualifying themselves by study and the ordeal of an examination to become apothecaries competent to prepare as well as compound their medicines.

Let this separation of the practice of pharmacy from the practice of medicine once be decided by Parliament, and we shall soon see a race of apothecaries in the United Kingdom, equal in science and respectability to those who are to be met with on the Continent."

[From this paragraph it would appear that Mr. Carmichael is desirous of preventing any medical practitioner from dispensing his own medicines.]

"By this scheme of medical reform there will be no minimum examination to supply practitioners for the poor, or a maximum for the rich; all will be equally qualified, and, I shall venture to say, *sufficient numbers will always be found to supply the wants of the nation.*

There will be some difficulty, I acknowledge, in preserving equality of qualification, even though the examining boards be reduced from nineteen to

three. I can see no mode so effectual, or so likely to preserve it as by public examinations, and a frequent interchange of examiners between the three councils, which could be easily effected, as these officers ought, by sufficient salaries, to be rendered in a great measure independent of private practice, and, therefore, have their time exclusively devoted to the public service."

## SHEFFIELD MEDICAL SOCIETY.

*Perforation of the Stomach and Bowels.* By CHARLES F. FAVELL, M.D.

Oct. 2.

Sir A. J. KNIGHT, M.D., in the Chair.

Dr. Favell commenced his communication by reading the account of two cases related at p. 35—7, of Dr. Abercrombie's work on disease of the stomach and abdominal viscera, and afterwards proceeded to notice some cases which have fallen more particularly under his own observation.

CASE I.—A B., a stout-looking girl, about 20 years of age, lived in the service of a gentleman in the immediate vicinity of the town. She had never complained of ill health, and was not suspected to be in any way indisposed. Her fellow servants had never noticed her to fail in her appetite, or heard her complain of indigestion. One night she ate her supper as usual, and afterwards joined the other servants in dancing. She went to bed at the usual hour, apparently in good health and spirits. In about half-an-hour afterwards she was suddenly seized with severe pain at the epigastrium, in consequence of which the lady of the house administered a variety of domestic remedies, but as the violence of the pain did not abate, the family medical attendant was summoned. He regarded the case as one of acute peritonitis, and proceeded to bleed her from the arm. But when only three or four ounces of blood had flowed, so much prostration came on, that the arm was tied up again. She continued in extreme suffering during most of the following day, and died in the evening.

On a post-mortem examination, we discovered marks of severe and extensive inflammation in the peritoneum, and a perforation through which the little finger could easily be passed, near the cardiac extremity of the stomach. The edges of the ulceration were hard and elevated.

CASE II.—A young woman, not quite 20 years of age, had slightly suffered for some time under the common symptoms of dyspepsia, for which she applied to a druggist, who prescribed for her. She went to her work as usual. One night, after returning home, and whilst sitting on the hearth, she was suddenly seized with severe pain in the abdomen, in consequence of which a surgeon was sent for, who, regarding the case as one of simple peritonitis, treated her accordingly. She died in about forty-eight hours after the seizure.

On a post-mortem examination, a large aperture was discovered in the posterior coats of the stomach.

CASE III.—A man aged 40, who had not previously been under medical care, was seized suddenly, about one, a.m., with violent pain and spasm of the abdominal muscles, incessant vomiting, wiry pulse, and coldness of the surface. He had a full dose of opium given, and was subsequently bled. He died between 11 and 12 the same night.

*Post-mortem Examination.*—The abdominal cavity contained about a quart of fluid. Great peritoneal inflammation. The stomach was collapsed, and exhibited, at its greater curvature, near the pylorus.



an ulcer of irregular shape, with thickened edges—this had penetrated the serous coat, and the aperture was sufficiently large to admit the finger. (From the "Lancet" for October 23, 1841.)

CASE IV.—About eleven o'clock, a.m., of Tuesday, Sept. 14, I was requested to visit the Rev. J. S., who I found had been suffering from fever for about a fortnight. His pulse was feeble at 100, and the tongue, covered with a dark brown fur of considerable thickness, was very dry. He made no particular complaint, but said that, during the night, he had suffered exceedingly from pain in the bowels, which continued so long, and was so intense, that he summoned the medical gentleman who had previously been attending him. Some appropriate medicines were administered, and afforded relief. The bowels had acted well and regularly each day during his illness. When I saw him there was no general abdominal tension, but a slight fulness in each iliac region, and there was no tenderness on pressure, except very slightly in the neighbourhood of the fulness. No sickness.

Distention of the abdomen afterwards came on very gradually, accompanied with symptoms of peritonitis and obstinate constipation. He died on the afternoon of the fourth day after the seizure, with severe pain.

On opening the abdomen, twenty-six hours after death, we found abundant marks of recent severe peritoneal inflammation, with effusion of lymph and purulent matter. The stomach and intestines were distended with flatus; a small perforation was discovered in the inferior third of the ileum; and very extensive ulcerations existed in other parts of the intestinal canal, which, in two or three places, extended down to the serous membrane.

CASE V.—Emma Roebuck, aged 23, a domestic servant, was admitted into the Sheffield General Infirmary under my care, Nov. 16, 1839, suffering from common symptoms of dyspepsia, for which she was successfully treated. But, almost immediately after losing her dyspeptic symptoms, she was seized with diarrhoea of most obstinate character. At the same time she had tenderness on pressure in each iliac region, but more particularly in the right. She was repeatedly leeches, and took a variety of medicines without experiencing much alleviation. After suffering in this way for several weeks, she was suddenly seized, about nine o'clock one morning, with violent pain all over the hypogastric region, for which she took a quantity of opium, but died about twenty minutes past nine on the same evening.

On examining the body, after death, perforation of the small intestines was discovered.

After detailing the foregoing cases, the author concluded his observations by a few inferential remarks, to the following effect:—

I. That the same organic lesion may occur in different individuals, without being productive of similar symptoms. In the majority of cases of perforation the pain is immediate, severe, and persistent. But, in Case IV., although the pain was severe at the moment of perforation, it had almost entirely disappeared seven hours afterwards. A case is related by Dr. Griffin, in the "Dublin Journal," for January, 1835, where the patient died apparently from pure exhaustion, but, on examination after death, twenty-seven perforations were found in different portions of the intestinal canal. Dr. Griffin states that, where there is great exhaustion and attenuation, perforation may occur without occasioning any pain. Again, constipation usually accompanies perforation, especially where the perforation occurs in the intestines. This was remarkably exemplified in Case IV. But, in three cases out of ten, mentioned by Louis, there was diarrhoea, and this also occurred in one case out of nine, recorded by Dr. Stokes. A tympanitic state of the abdomen generally comes on very speedily after

the perforation, but this is by no means universally the case.

II. Serious organic lesions may exist without occasioning formidable symptoms. In the cases already detailed, the symptoms which preceded the perforation were exceedingly slight and trifling. In Case I., there had been no complaint made, and in the other examples, the patients had only suffered from common symptoms of dyspepsia. The function of the stomach may be tolerably performed during the existence and progression of extensive disease. A case is recorded by Dr. Hastings, in which the whole stomach, with the exception of the cardiac extremity, was one mass of ulceration, and yet, he observes, digestion was performed without inconvenience. But the knowledge we possess ought to stimulate us carefully to investigate, and perseveringly to treat all cases of protracted dyspepsia, or long-continued disturbance of any of the functions of the chylipoetic viscera.

III. The state of the alimentary canal ought to be most rigidly watched during the existence of fever. The agminated glands are peculiarly prone to the ulcerative process during the existence of typhoid fever. Louis states, that in every case of typhoid fever which he had an opportunity of examining after death, Peyer's glands were more or less diseased, through an extent of the intestine varying from two to eight feet. The most advanced patches invariably appeared nearest the cæcum, the ulcerative processes successively destroying the mucous, submucous, muscular, and peritoneal coat. Complete perforation took place in 8 cases out of 50, or about one-sixth. These lesions were most marked in subjects dying between the fifteenth and thirtieth day. The period elapsing between the occurrence of perforation and death varied, except in one instance, from twenty to fifty-four hours. In the excepted instance the patient survived till the seventh day. Case IV. is a good illustration of the lesion, and of the insidious manner in which the ulcerative process may be carried on.

IV. When ulceration is progressing, nature often makes an effort to prevent the evil consequences which result from perforation, by effecting adhesion between the diseased portion and some other part. This is illustrated by Case VIII, p. 37, of Dr. Abercrombie's work. Many other cases, illustrative of the same fact, occur in the works of other pathologists.

V. The treatment in cases of perforation is very unsatisfactory. From the violence of the symptoms the lancet is not unfrequently employed, but I believe always injuriously. The prostration which accompanies perforation is almost invariably so great as to forbid the employment of venesection, and where it is adopted, the patient begins to sink so rapidly that the flow of blood is speedily stopped. This truth is particularly exemplified in Case I. Complete rest, a sparing, mild, and bland diet, and large doses of opium, afford the best chances of cure.

We are not warranted in hastily concluding that perforation of the intestine does not exist, merely because the stomach and intestines are observed to be distended with flatus. It has already been remarked that, in case IV., on making the examination after death, when the contents of the abdominal cavity were exposed, the stomach and intestines were distended, and yet, on a careful and accurate examination, a complete perforation was detected in the ileum.

Dr. Favell also exhibited to the society a portion of the intestine of a child, aged 10, which died after suffering for a long time from chronic bronchitis. The serous coat of the intestine was completely studded with tubercles, and so also was the peritoneum covering the stomach, liver, &c. The mesenteric glands contained large quantities of tuberculous deposit. The mucous membrane of the intestines was free from tubercle, and there was only one solitary tubercle of small size in the left lung. The right lung was entirely free from tuberculous deposit.

REPORT  
OF  
THE POOR LAW COMMITTEE  
OF THE  
PROVINCIAL MEDICAL AND SURGICAL  
ASSOCIATION.—1841.

(Continued from page 201.)

§ 30. Your committee have thus, at considerable length, submitted to the Association the result of their examination of the commissioners' Report and Appendix, the whole of which (although necessarily partial and defective in its testimony) is sufficient to prove that its authors and the boards of guardians, with a few honourable exceptions, continue either unable to comprehend, or unwilling practically to acknowledge, the nature of medical duties and responsibilities, no less than the claims of the sick poor.

At the very time when the documents, which have now been considered, were in preparation at Somerset House, or in course of publication, your committee received many important communications from provincial practitioners.

The information thus supplied, in addition to that collected by other medical associations,\* or contained in the public journals, clearly showed, what indeed the commissioners confirmed—viz., that the abuses complained of in 1838, not only still existed, but were almost unabated.

§ 31. Two or three flagrant instances of the iniquitous system pursued with respect to medical appointments, are selected for notice in this Report.

1. A surgeon of great respectability, a member of this Association, residing in one of the western counties, who has been in practice for 20 years, and in parochial attendance, both before and since the introduction of the new poor-law, was recently supplanted by a young man, not a member of the college, nor even a resident for twelve months in the neighbourhood.

No reason was assigned by the board for dismissing the long-established practitioner, who is both a member of the college and licentiate of the hall, who never had the slightest complaint made against him, and who, at the time of his dismissal, employed an assistant with the double qualification.

The district contains more than 4,000 inhabitants, and about sixteen square miles. The salary, which has not been altered, is only £55!

The change was made, without notice, by a few of the guardians (friends of the present medical officer), who succeeded in electing their candidate in the absence of the majority of the board.

Some melancholy cases occurring in the practice of this adventurer, too clearly demonstrated the cruelty of appointing a person wholly inexperienced to so arduous and responsible an office.

2. Your committee were also informed that, at Wolverhampton, in May, 1839, the poor had recently been placed under the care of a practitioner residing at Bilston, three miles distant. The entire district entrusted to him contained 45,000 inhabitants.

The plea, as usual, was that the guardians were unable to come to terms with the resident practitioners. Yet surely the latter were perfectly justified in declining a continuance in office, on the ground of inadequate remuneration, which amounted, on the average, to not more than 2s. per case, during the previous year.

A representation to this effect was respectfully

made to the board of guardians, but without success.\*

3. Again, the guardians of the Honiton union, in 1840, required tenders. Four of the resident and long established practitioners sent in three tenders, amounting in all to £171. "These were rejected, and a perfect stranger appointed to the whole union at a salary of £130, by which was effected a saving of £41 to sixteen parishes, containing a population of 10,326."†

4. An instance of the fatal results of extensive districts was officially recorded in September, 1839, more than a year after the parliamentary inquiry.

On the 19th of that month, an inquest was held at Northfleet, on the body of Harriet Court, a girl, aged 18. It appeared that Mr. Parke, one of the surgeons of the North Aylesford union, was summoned to attend her, and promised to come in the afternoon, but declared "he had so many patients to attend, he did not know which to go to first."

The verdict was, "Died by the visitation of God;" to which the jury added, "that it is their opinion the medical arrangements, under the new poor-law, are both inefficient and cruel in their operation, and they cannot separate without expressing that opinion to the coroner." The coroner, Mr. C. J. Cartar, expressed his concurrence.‡

§ 32. Such being the posture of affairs on the approach of the session of Parliament in 1840, your committee proceeded, in conformity with the recommendations of the council,§ to promote petitions in favour of an amended system of medical relief, based on Mr. Talfourd's propositions.

Several of the principal towns in the west and south of England responded to the appeal,|| but throughout the greater part of the country the profession was silent.

There is reason to believe that the cause of this inaction was not real indifference to the subject; but partly the dislike of individuals to originate petitions, partly despair of any satisfactory result, and frequently the fear of incurring the hostility of the numerous and influential supporters of the poor-law in their respective neighbourhoods.

Your committee possess irrefragable evidence that the magistrates and guardians have, in many places, become increasingly jealous of any expression of dissatisfaction on the part of the profession. Thus but few medical men (and none, it seems, who were personally affected) ventured to take the lead in furthering appeals to Parliament.

It is, however, worthy of remark, that the several petitions promoted by this Association were signed by an immense majority of the practitioners resident in the respective localities.

§ 33. The government measure of that session, containing no provision respecting medical relief, it became the duty of your committee to confer with Mr. Sergeant Talfourd on the clauses which he had intimated his intention of moving for insertion in the Poor-law Amendment Bill.

A long correspondence with the learned sergeant ensued, and the various provisions suggested in his letter of the preceding August, were again discussed, in connection with the statements and recommendations contained in the (then recently published) Report of the commissioners.

This correspondence resulted in some modification of his original propositions. The principal altera-

\* The British Medical Association, in their communication to the commissioners, mentioned several places where "tenders" were in active operation.

\* A detailed account of this case may be seen in the "Lancet," p. 208, vol. 1, 1839-40.

† "Times," April, 1840.

‡ "Medical Gazette," p. 254, vol. 1, 1839-40, and "Times," September 20, 1839. See also an account of this union (North Aylesford) in the Appendix to the First Provincial Poor-law Report, p. 42, and in Parliamentary Evidence, 14763.

§ See the circular accompanying Mr. Sergeant Talfourd's letter, August, 1839, in the 10th section of this Report.

|| Especially in Worcestershire, Gloucestershire, Somersetshire, Devonshire, and Berkshire.



tions\* decided on were clearly explained and forcibly defended in his letter of July 12, 1840, which, together with the proposed clauses, were laid before the eighth anniversary meeting of this Association, and printed in the account of its proceedings.†

It may suffice here to allude briefly to the main objects of Mr. Talfourd's measure. These were, first, to compel the proposed medical superintendent to fulfil the duty, hitherto neglected by the commissioners, of framing a general order for the better remuneration of union surgeons, at the same time avoiding the difficulties inseparable from any attempt to impose uniformity of detail on all the unions of the country.

Secondly, to curb the power of the guardians by enforcing a reduction in the extent of medical districts, so as nearly to double the number of union medical officers.

Thirdly, to abolish the odious practice of requiring "tenders;" and to prevent the appointment of unqualified practitioners. Such are the benefits which would be secured by the enactment of these clauses, while, for obvious reasons, they would prove less liable to opposition in Parliament than others since proposed.

In consequence of the postponement of the Poor-law Amendment Bill until another session, the opportunity contemplated by the learned sergeant, and anxiously expected by your committee, for bringing forward these clauses, was not afforded.

The cordial approbation with which they were received by this Association at Southampton, and, in the following October, by the Branch Association at Bridgewater, induced your committee to anticipate the general support of the profession.

The only objections which could be reasonably urged against them, were, *that they did not define the remuneration*, nor sufficiently protect the interests of medical practitioners; and, therefore, that the poor law commissioners, or even a medical commissioner under their control, might not fairly carry out the design of such an enactment, but would still be able to withhold the full measure of justice required by the profession, and recommended by the parliamentary committee.

These were some of the objections raised by the British Medical Association through their president; but before giving an account of the proceedings which followed the publication of Mr. Talfourd's clauses, your committee must be permitted to revert to the course pursued by that association in the early part of last year.

§ 34. In a former section (12) some of the circumstances which had prevented the active concurrence of the British Association, in the plans and propositions of this, were mentioned. The strong conviction which they appear to have felt, that a satisfactory change of system would speedily be adopted,‡ induced them to depend chiefly on conferences with the commissioners; while, on the other hand, your committee

saw no prospect of relief, but in an appeal to the legislature.

And although the leading members of the British Medical Association soon perceived that no reliance could be placed on the fair professions of the commissioners, they were nevertheless indisposed to unite in the aggressive course determined on by the Provincial Association.\*

Your committee do not presume to question whether the benefit of their conferences with the commissioners may ultimately be apparent; nor to deny that a London association could, with greater effect, and far less inconvenience, apply to the central board than any body of country practitioners, however numerous and influential. But the most important proceeding of that association in 1840, relative to the poor-law, appears to have been addressing a letter to the secretary of state, which document, ably drawn up,† affords a concise view of the principal points under discussion between the commissioners and the profession.

The two plans proposed by the British Medical Association in 1839, were, in their communication with Downing-street, reversed as to order and importance.

Mr. Wakley's plan, which had occupied only a secondary position, and had even incurred, as has been shewn (§ 13), the criticism of their council was now produced in a more matured form as the main remedy, without any repetition of former doubts and objections.

Notwithstanding the palpable difference between the scheme of the British Medical Association and Mr. Sergeant Talfourd's clauses, your committee, on the approach of the session of 1841, deemed it advisable to request that association either to support the clauses, or to suggest such modifications of them, as might enable the two associations to act in concert, since their objects were professedly identical.

The importance of submitting to Parliament only one measure, and that one, acceptable to the majority of the profession; the necessity, moreover, of avoiding, if possible, the taunt of opponents, that medical practitioners could not agree upon their own requirements, and, therefore, that the legislature could not be expected to interfere in their behalf; these were the main reasons which induced your committee to decide on making overtures to the British Association.

The first application elicited, in reply, a statement of those objections to Mr. Sergeant Talfourd's clauses, which have been already noticed.

That association also appointed a committee to watch the further progress of the question; but no attempt was made to settle the points on which a difference of opinion apparently existed.

§ 35. Under these circumstances, Mr. Talfourd advised your committee‡ to endeavour to remove the objections of the British Association, by every reasonable concession.

It was accordingly determined, with the sanction of the central council, instantly to adopt the judicious and conciliatory course recommended by your parliamentary advocate, and, with legal assistance, to prepare a series of clauses defining the remuneration.

These were forwarded to Dr. Webster, on the 12th of January last, accompanied by an "explanatory statement," and an announcement of Mr. Sergeant Talfourd's liberal and courteous offer "to resign to

\* Two or three minor amendments, which were not referred to by the learned Sergeant, will require notice, when the measure finally adopted by the Association is described.

† See also "Medical Gazette," p. 313, vol. 1, 1840-41, and "Provincial Journal," p. 196, vol. 1. They are reprinted in the Appendix to this Report.

‡ See Dr. Webster's speech at the Liverpool anniversary of this Association; observe also the following extract from a petition in favour of medical reform from that Association in January, 1840.

"That (in 1838) six of your petitioners were examined before a select committee of your honourable house on the subject of medical relief to the poor, and they have reason to believe, that chiefly through their representations " (what became of the evidence of Sir Astley Cooper, and the provincial practitioners?) " certain injustices done to the medical profession, and injuries inflicted upon the poor were removed" (1)

"Again, in a report of their council proceedings (published in the "Lancet," page 172, vol. 11., 1839-40) occurs the following expression:—"The (British) Association, which HAS EFFECTED such important alterations in the Poor-law Amendment Act for the benefit of the profession."

\* Dr. Webster's letter to the Commissioners (March 2, 1840) contains the following passage:—"Believing that you are really desirous of perfecting the present faulty system of medical relief, the British Medical Association have not hitherto considered it necessary to join in promoting a bill, which Mr. Sergeant Talfourd has been requested to bring into Parliament, to force upon the Commissioners those alterations," &c. &c. (See "Lancet," page 933, vol. 1, 1839-40).

† "Provincial Journal," No. 6.

‡ See the learned sergeant's important letter of December 22, 1840: "Provincial Journal," No. 29.



Mr. Wakley the lead in producing the scheme, to be first urged on government, and afterwards submitted to Parliament."

The British Medical Association were formally requested, in case the clauses were disapproved (whether those in manuscript, or those previously printed), "to bring forward another measure fit for introduction into the House of Commons, or to propose any single clauses as substitutes for such as might not meet their views."

Your committee stated their readiness to discuss any propositions without prepossession in favour of their own; and proposed a personal conference, as recommended by Mr. Talfourd.

Dr. Webster replied on January 29th, assenting to the latter suggestion, on the ground that agreement in matters of detail was more likely to result from a conference, than from further correspondence.

He assured your committee that he was anxious to co-operate in their exertions, and that there was no desire on the part of either his association, its poor-law committee, or Mr. Wakley, to adopt any hostile or indifferent course.

In the meantime, the clauses and explanatory statement had been circulated among the other leading medical associations, some of which immediately promised either to support, or favourably to consider the propositions.

§ 36. The parliamentary session had no sooner commenced, than Lord John Russell's bill for the continuance of the commission, and the further alteration of the poor-laws, was introduced, and rapidly passed through its earlier stages.

The hopes entertained by a portion of the profession, that, in compliance with their past solicitations, this bill would contain provisions for improving the administration of medical relief, were doomed to disappointment; the bill containing no such provisions.

All, therefore, who were anxious to seize the approaching opportunity for settling this long pending question, agreed that no further time should be lost in determining the precise nature of the amendments to be proposed.

A conference accordingly took place on the 4th of February, between Mr. Sergeant Talfourd and Mr. Wakley, who were accompanied by Dr. Webster, Dr. Marshall Hall, Mr. Eales, Mr. Evans, and Mr. Farr, on the part of the British Medical Association, by Mr. Carter, of the North of England Association, and by Mr. Ceely, on behalf of your committee.

It was the opinion of the two members of Parliament, and indeed of the majority present at this conference, that the new clauses were too long and too complex to be produced in the House of Commons; and it was agreed, that all which could be expected or requested of Lord John Russell, was permission to secure,—1st, the appointment of a medical director; 2dly, the abolition of contracts by tender; 3dly, the limitation of the extent and population of medical districts; and 4thly, the declaration of a minimum payment for each case, occurring both among the "regular" and the "casual" paupers.

It was also decided that a deputation should wait on Lord John Russell, and endeavour to obtain his sanction to the enactment of some clauses for regulating the department of medical relief.

This deputation called on his lordship, by appointment, on February 6th (the second day after the conference), and after urging the necessity for legislative interference, inquired if he would consent to introduce the above amendments into the Poor Law Bill.

His lordship at once expressed his disinclination to appoint a medical director; declaring, at the same time, that until he saw the precise measure which the profession recommended, and had consulted the poor law commissioners thereon, he could give no positive reply; but that, if definite propositions were

drawn up, he would consider them, and inform the deputation of his intentions concerning them.\*

Such propositions not having at that time been agreed upon, the central council requested Mr. Toogood, Mr. Ceely, and Mr. Rumsey, to proceed to London as delegates, with power to adopt decisive measures for settling the points under consideration.

Mr. Toogood, owing to the unavoidable shortness of notice, and his distance from London, was unable to join the other delegates, who, after a brief interview with Dr. Webster, on February 8th, conferred with Mr. Farr on the 9th.

The proposed enactment then underwent the fullest discussion; and it was finally decided, that, instead of framing any fresh clauses, Mr. Talfourd's original series, together with those recently put forth by your committee, should be employed as the materials for a complete measure,† in which all that might be considered essential should be embodied, every needless detail avoided, and certain amendments introduced, to meet the views of the British Medical Association.

§ 37. Your committee would now advert to the principal features of this measure.

Clause (A) provides for the appointment of a medical "director," to superintend the medical department of the poor-law administration, subject to the approval of the commissioners.

The "medical commissioner" proposed by Mr. Sergeant Talfourd, was considered by the British Medical Association, as not clearly indicating the strictly professional character of the office, and as calculated to excite greater opposition on the part of existing functionaries.

To these objections your delegates yielded, being merely desirous to assert the primary importance of an established medical authority at Somerset House.

For this, your committee have ever contended, as essential to a real amendment of the system. It was the first of their original propositions in 1839, and of Mr. Talfourd's, in 1840. Your committee are still firmly of opinion that, without a superintendent belonging to their own profession,—the medical officers of unions will never occupy their right position, nor meet with that consideration, which is no less due to their important office than beneficial to the community at large; nor will the physical necessities of the poor receive a proper share of attention.

The present commissioners are manifestly unsuited for the duties of medical supervision; and, as it is not probable that the central board will be abolished, it is indispensable to require that their sanatory proceedings should, for the future, be guided by professional judgment and experience.

It has been objected, that a medical director would be the tool of the commissioners; and that a gentleman professing the requisite qualifications of thorough acquaintance with the subject, prudence, courage, and humanity, could scarcely be found.‡

But your committee believe that the professional

\* "Provincial Journal," vol. I, p. 362.

† These clauses were published both in the "Medical Gazette" of February 19th, and in the "Provincial Journal," of February 27th; and are reprinted in the Appendix, with a few minor alterations, since made by your committee.

‡ "The temper and talents required for such an office, the faculty of nicely adjusting the right and the expedient, are rare indeed. It is pretty clear that his opinions must be of a good presentable medium between humanity and utilitarian sentiments. If he thought much of healing the sick, and little of lowering the rates, he would be called a tender-hearted simpleton, perhaps even a philanthropist, and must expect to find himself in a constant minority. Every one has read of impish orgies, which are suddenly broken up by the utterance of some sacred words; and we should imagine that any one bold enough to pronounce the phrase—"rights of the poor," in a Somerset House conclave, would produce as sudden an adjournment as in those assemblies on the Harz mountains.".... "We fear that, if a stout-hearted medical commissioner were to venture to tell his lay brethren what is really wanting for the relief of the suffering poor, he would be asked if he meant to make a joke of the act."—Medical Gazette, vol. I, 1839—40, p. 252.



and public responsibilities attaching to such an office would, in great measure, counteract the former evil tendency; and that the personal qualifications of the proposed director might be safely left to the discriminating care of the government, which has provided so admirably for the medical superintendence of the army and navy, in the persons of Sir James Macgregor and Sir William Burnett.

§ 38. Clause B relates to the extent and population of districts.

The earlier scheme of your committee\* suggested a limitation to the area of thinly populated districts; but, it appeared, on further reflection, that such a limitation, in some parts of the country, would altogether prevent the appointment of any medical officers. That proposition, therefore, formed no part of Mr. Sergeant Talfourd's clauses of 1840; the extent of such districts being proposed to be determined only by the amount of population.

To this it is presumed there can be no objection. It would, surely, be impossible to find a population, so numerous as 4,000, in any part of England and Wales, having no convenient access to a legally qualified practitioner, competent and disposed to take office.

In dense populations, the area would of course admit of limitation; and the scale proposed for this purpose is based upon the valuable statistical data furnished to the parliamentary committee by Mr. Farr and Dr. Kay, and corroborated by the evidence of other witnesses.

The remarks in the 21st section of the commissioners' seventh and last Report, need not at all lessen confidence in the practicability of the scheme. The commissioners suppose a case in which the guardians might be compelled "to accept the services on any terms, however high, of the sole medical practitioner resident within the prescribed limits, whatever might be his conduct."† If the commissioners had examined the propositions of the Provincial Association, they would have perceived that the remuneration being determined by the clauses following, no practitioner could be appointed with a salary exceeding the authorised rate; and that it is not proposed to require the residence of the medical officer within the "prescribed limits" of his district.

Thus, there would be nothing to prevent the appointment of a superior practitioner, although non-resident, except, indeed, the necessity of reporting the circumstance according to clause K.

§ 39. The next four clauses provide certain limits, within which, the ordinary items of remuneration would be determined by the guardians, subject to the approval of the poor-law medical director.

These clauses were intended to supersede Mr. Sergeant Talfourd's third clause, which left the definition of such limits to the commissioners.

It always appeared to your committee unreasonable to ask of the legislature a minimum payment, without suggesting a maximum, not merely as a protection to the public, but as an indication that the profession, in some localities, would not be satisfied with that remuneration which would be readily accepted in others. A medium fixed rate would probably incur opposition from both parties in different places. The physical and social condition of the population, and the habits of the neighbourhood, might reasonably influence both the estimate of the guardians and the demands of the resident practitioners.

These circumstances should, therefore, be permitted, within due bounds, to affect the salaries of union medical officers.

Clause (C),—derived from the first, second, and fourth of the series prepared under the direction of your committee in January,—relates to the formation and revision of parochial pauper lists.

The principal alteration made on February 9th, was the substitution of an annual for a weekly revision of the pauper list,—in conformity with the commissioners' recommendations. \*

But on reconsideration, it was agreed that a *quarterly* revision would be preferable to either. For it would meet the periodical variations in the number of paupers better than an *annual* revision † and would avoid the troublesome and somewhat complex arrangements involved in a *weekly* revision.

Clause (D) defines the limits of remuneration for the pauper list.

In determining the rate of payment per head, the annual number of cases of illness and accident, occurring in a given pauper population, was estimated at about 67 per cent. ‡

The annual sum for each *pauper* would thus be two-thirds of the average cost of medical attendance for each *case*. Now this, as regards the "regular" paupers, had been calculated by the medical witnesses at 5s., exclusive of the items of area and distance; the rate per head would therefore be equivalent to 3s. 4d., or a sum between 3s. and 4s., according to local circumstances.

The additional remuneration for rural districts, it was agreed, should be determined by the area and distance (from medical advice) of the several parishes.

Such an arrangement would necessarily require separate calculations of salary for each parish, which, indeed, your committee have always urged on general grounds, and which is in strict conformity with the recommendation of the parliamentary committee, that "attendance on the sick should be made a parochial charge, each parish paying for its own cases."§

This was secured by Mr. Talfourd's seventh clause, which, although an essential feature of his measure, was rendered unnecessary by the definite provisions of the present clauses.

Special remuneration, according to the distance of those parishes in which the medical officer may not reside, would be more just, both to himself and to the rate-payers of the central and more populous parishes, than a higher payment for the cases of the whole district.

In conformity with this principle, a charge was proposed, in the form of mileage, bearing a constant proportion to the salary for the pauper list; that is to say, an addition to such salary of one-fourth for each mile of the distance from the medical officer.

Such a provision would, doubtless, induce the guardians to commit the poor of the respective parishes to the nearest duly-qualified practitioner, and would thus aid the operation of clause B in diminishing the extent of districts.

But besides "distance," it was considered that "area" should form an essential item of charge. *Every large parish*, whether the medical attendant resided in it or not, would justly require an increase of the payment per head. It has since been proposed, in order to simplify the calculation, to omit this item of charge. If it be omitted, your committee are of opinion that, in extensive parishes, the rate per head should more nearly approach the maximum than in others; and that "distance" should be measured to the centre or

\* Vide Report December 31, 1839.

† The obvious objection to an annual list, not subject to revision, is, that, if prepared in the March quarter, when the recipients of relief are more numerous, such a list would be unfair to the rate-payers, and if in October, when the paupers are generally fewer, it would be unjust to the medical officer, and especially to those poor persons who might then be excluded.—See Sir E. Head's remarks, p. 140, Appendix to the commissioners' Report December 31, 1839.

‡ This estimate was proposed first by the British Medical Association in their communication to Lord John Russell, May, 1849.

§ According to the assistant commissioners' Report in 1839, the medical salaries were frequently charged to the establishment. See Mr. Hall's and Colonel Wade's Reports. Also Woburn Union, p. 104.

\* See Mr. Talfourd's letter, August, 1839.

† Do the commissioners, by this vague expression, intend immoral or independent conduct?

more populous part, rather than to "the nearest boundary" of each rural parish.

Clause (E) provides for cases occurring among those poor who may not be entered on the pauper list.

The parliamentary committee, the poor-law commissioners, and medical practitioners, had unanimously assented to the principle, that the illnesses of casual paupers demand a higher average payment than those of the permanent class.

It was therefore resolved, at the conference of February 9th, that each order should incur a payment of not less than 6s., nor more than 8s.; that is, *one-fourth* higher than the estimate for the cases of permanent paupers. And that the increase for distance should be in the same proportion as in the pauper list—viz., one-fourth (from 1s. 6d. to 2s.) additional for each mile.

For example, in a parish between five and six miles distant from the medical officer, the payment for each case would be fixed within the limits of 13s. 6d. and 18s., according to circumstances; and if the intermediate rate of 6s. 8d. per case (without the augmentation) were adopted, the payment in that instance would be 15s. If the distance were between two and three miles, at the same rate, the payment would be 10s. per case. These sums will be found to coincide with the generally expressed wishes of provincial practitioners.

At the same conference, a reduction in the payment per case was proposed for cities and towns containing more than 10,000 inhabitants, a minimum of 4s. and maximum of 5s. were considered applicable to the circumstances of such populous places.

This clause originally contained a provision for empowering the parochial clergy to grant orders for medical relief, in addition to the parties authorised to perform this duty at present.

But objections were raised, chiefly on the ground that the clergyman would not be responsible for his acts to the board of guardians.\*

This objection might have some force if the clergyman were invested with unlimited discretionary power to decide on the pauperism of each applicant, and to grant relief absolutely. (It may be a question whether such a power should be vested in any union or parochial officer.) But since the proposal is simply to permit the rector, vicar, or curate to order medical relief, *as a loan*, until the next meeting of the board, the guardians would always have it in their power to protect the rates from expenditure on improper objects. Besides, if the expenses of medical relief fell on the parish, the clergyman and parochial officers would be constantly reminded of their responsibility to the rate-payers.

It may be added, that the authorised interference of the clergy, in the supply of medical relief, would afford the sick poor a far greater security for sufficient medical attendance, than they now possess in the weekly reports submitted to the boards of guardians.

At the conference (Feb. 9th), the proposition for these provisional grants was omitted, to meet the views of the gentlemen acting for the other association. But, on reconsideration, it has been retained, the objections appearing inconclusive, and it being the duty of the profession to suggest increased facilities for supplying the poor with medical relief,† compatibly with the interests of the rate-payers.

By clause (F) the remuneration for workhouses is proposed to be calculated according to the number of inmates, but a higher rate per head is mentioned than for out-door paupers. This appears to be justified by the much greater proportion of illness in work-

houses, the number of cases attended in the year far exceeding the average weekly number of inmates. Besides,—the workhouse medical officer has constant and laborious duties unconnected with the mere treatment of disease.

By clause (G) the cost of drugs, &c., is estimated at half the medical remuneration, without affecting the augmentation for distance and area.\*

It was at first proposed that remuneration for difficult or protracted cases of midwifery, determined by clause (H), should be one guinea, with mileage. But this sum has justly been complained of, by many practitioners, as too low.

Your committee, therefore, have felt it due to the general opinion of the profession to alter the amount to two guineas. A proper remuneration for such cases, and for surgical operations of a serious character (Clause I), has been sanctioned by the commissioners, and, therefore needs no defence in this Report.

§ 40. Clause (K) is the same as Mr. Talfourd's fourth, with the additional proposal of remuneration for the Annual Medical Reports. This ought undoubtedly to be granted, in consideration, both of the increased trouble which such Reports would impose on the medical officer, and of the valuable statistical information which they would afford to the public.

As it would be impossible to enforce, in every union, a regulation compelling either the medical officers to reside within their districts, or the guardians to allot each parish to the nearest medical practitioner, it was considered essential that, in these Reports, the extent of districts, and the number of non-resident medical officers, should be annually brought under the cognizance of the government and of Parliament.

By this means, the attention of the commissioners and guardians would be constantly directed to the point.

Your committee need urge nothing in defence of the clause (L) prohibiting tenders, which, without such prohibitory enactment, might still be advertised for, in order to determine the remuneration within the limits fixed by the previous clauses.

The last clause (M), relating to the qualification of medical officers, has led to considerable discussion.

It appeared to your committee, that the recommendations of the late distinguished Sir Astley Cooper, and of Dr. Marshall Hall, should be adhered to as closely as possible. Two years' previous practice, and the diploma of the College of Surgeons, in addition to his legal qualification, should be required of every future candidate.

The only exception, in the opinion of your committee, should be in favour of those gentlemen who may have practised without the double qualification for not less than five or seven years before the proposed enactment came into operation.

The important question, involved in this clause, will be much simplified, when a proper qualification for all medical and surgical practitioners shall have been established by law, an enactment to which the profession anxiously looks forward.

The clause is now submitted in rather an altered form, and it is hoped will meet the views of those who have objected to former versions of it.

(To be continued.)

#### OBITUARY.

With much regret we have to record the death of Dr. Birkbeck, who expired on Wednesday, December 1, at his house in Finsbury Square, at the age of 66 years. Dr. Birkbeck was not less distinguished for his talents as a physician, than for the benevolent and estimable qualities of his mind, which had endeared him to a large circle of the most eminent literary and scientific characters of the day.

\* See Mr. Farr's evidence (15,811). See also § 25 and 50 of the preceding report.

\* Colonel Wade entertained similar objections. See Appendix to the commissioners' Report.

† Mr. Wakley's propositions also contain a provision for empowering the clergy to grant orders. With regard to the recovery of loans, attention is requested to the remarks of Colonel Wade, appended to the 17th section,



## THE TENDER SYSTEM AT LOWESTOFT.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—Having perused two letters in your Journal, one from Mr. S. S. Brame, of Lowestoft, the other from Mr. Vale, of Birkenhead, relating to the election of medical officer for our hundred, I shall feel obliged by your inserting the following explanation.

The parishes alluded to were held by a person not qualified for the office (he being neither a member of the College of Surgeons, nor a licentiate of the Apothecaries' Company), at the annual salary of £40 I represented this to the poor-law commissioners, and the affair was brought before the board of guardians, and strictly investigated; the result of this was that the person in office was advised by his friends to resign, which he judiciously did. The field was now open; an advertisement subsequently put forth, and an active canvass took place by four candidates—viz., Mr. S. S. Brame, a licentiate of the Apothecaries' Company, and *M.D. by purchase*; Mr. Francis, a licentiate of the Hall; Mr. Prentice, a licentiate and member of the College; and myself. I am much surprised that Mr. Brame should have written on the point at all, or, that when he did so, he forgot to state that he was a candidate, and so strenuous in the cause, that he not only canvassed, but sent to all the guardians and directors a note, soliciting their support, and inclosing a little book, which contained a printed form of his hall and hospital certificates. After all this extraordinary exertion, however, he withdrew himself from the contest; whether he was suddenly disgusted with the *tender system*, or found that he had not sufficient strength, I cannot say. The other two gentlemen and myself alone contested the ground, and the result was that my tender, being the lowest, was accepted. A prejudice was entertained against me by some of the directors and guardians, through some misrepresentations, which compelled me to adopt the course I pursued. It was my wish that a *remunerating tender* should have been sent by us all, but I could not command that feeling of unanimity which could alone effect the object. No one can deprecate the tender system more than myself, for many reasons; and I trust ere long that the commissioners will soon adopt a course more congenial to the dignity and respectability of the medical profession. I hope the curiosity of your correspondent, Mr. Vale, will be amply satisfied, and I do not blush to inform him (under any circumstances) that I am the person who caters for the poor.

I am, gentlemen,

Your obedient servant,

HAMMOND CHALK, M.R.C.S.L., and

Licentiate of the Apothecaries Company.

Lowestoft, Dec. 6, 1841.

## THE LADIES' CHARITY, LIVERPOOL.

(NOTE FROM A CORRESPONDENT.)

With this note I send you the "Liverpool Chronicle" of the 4th instant, which contains a report of a meeting of the friends of "The Ladies' Charity," leaving it entirely to yourselves whether you think that meeting and this note of sufficient importance to occupy a place in your Journal. This charity is one of the most useful and popular in Liverpool, liberally supported by donations and subscriptions, and most respectably patronized by a ball, held annually on the last day of the year, which seldom or never fails to add very materially to its funds; and the latter, I believe, now exceed, in hand, more than £3,000.

The medical honorary officers, four in number, all experienced and skilful accoucheurs, have one and

all been long convinced of the advantage which would be derived from the addition of a limited number of beds in wards for the treatment of more than ordinary difficult cases, and have, at two different times, written and circulated pamphlets to enforce their views and opinions; but, from some cause, not clearly made public, not with that success which the proposition deserved. Indeed, I myself, who am a medical practitioner in the town of some standing, do not only think a lying-in hospital desirable, but that the working of the charity has been *very defective* without some such addition being appended to it, whether it be denominated lying-in wards or lying-in hospital. The principle is very little different, although some zealous friends of the charity are inimical to having a "lying-in hospital." Amongst these is the respected chairman of the meeting, the Rev. Jonathan Brooke, with whom I am sorry to differ, probably from want of *data*, which he may possess.

It is to be deeply lamented that the ideas and views of the medical officers have so little weight with the directors of the charity, and may serve as a specimen of the influence of medical opinions over many who must be less capable of judging. The formation, however, of lying-in wards, unconnected with this long established charity, seems to have roused the attention of the directors of the original one, and they have very wisely determined to have now, what their medical officers have so zealously laboured unsuccessfully to obtain. Without entering into the local springs of this laudable step, it affords a very striking instance of the necessity of our public institutions both here, and elsewhere, being managed, and subject to some general laws of government, modified only upon minor points, called for by some local existing circumstances. But this, I fear, the non-professional part of the community, either will not, or cannot see, until forced upon them, by unavoidable necessity.

Liverpool, Dec. 6th, 1841.

N.B.—Three individuals at the close of the meeting liberally responded, by signing their names for donations amounting to £120, and also by augmenting their subscriptions.

## MR. LISTON'S CASE OF ANEURISM.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—The last number of your Journal contains the rather captious letter of a Mr. Topham, animadverting upon the very just remarks which had previously fallen from you, concerning "Mr Liston's case of Aneurism." I have ventured to apply the term just, to your remarks, as they appear, from all the facts hitherto published, to have been richly deserved, and appropriate. But I would beg to suggest to Mr. Topham, or some other friend of Mr. Liston, how very desirable and easy it would be to set the whole matter at rest, by publishing an account of the post mortem, shewing what the tumour really was, instead of what it was not.

Your very obedient servant,

CHIRURGUS.

Bristol, Nov. 24, 1841.

## MEDICAL REFORM.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—The subject of medical reform has been for a considerable time before the public, and it is more than probable that plenty of time will still be allowed for its discussion. There is one point in

connection with it which I have not seen noticed, but which is of infinite importance to the provincial portion of the profession, and therefore I venture to bring it before the readers of the Journal which I conceive to be the special advocate of their claims.

In all the plans of reform hitherto proposed it is taken for granted, as a matter of course it would seem, that the metropolis is to have a complete monopoly of the power of licensing to practise,—that the examining body—senate, or whatever other denomination it is to be known by—is to be concentrated in the metropolis. Now, when we consider the great—the admittedly great advantages possessed by many of our large provincial towns in their well arranged and admirably appointed hospitals, dispensaries, and schools of instruction, I think it is not too much to demand that such places should possess their own senate, or examining body, for granting licences to their own qualified students. Against such a proposal no doubt some objections will be found; but if such persons admit that the professors of our provincial institutions are qualified for *teaching* medical knowledge, they must also concede to them the ability of *testing* the amount of knowledge acquired. Nor do I see why England should be alone in this respect, for, as is well known, both on the European and American continents, most of the schools or colleges, or universities, as they are variously termed, possess the power of licensing the students who have been educated therein. But in liberal England things are differently managed.

We are not to be told at this time of day that there is something so peculiar in the atmosphere of the metropolis, that examiners can only be properly reared within reach of it. A new university, as it is misnamed, has lately been established in London, and it certainly would startle us if a law were to be enacted to the effect that no degree in arts, medicine, or divinity, should be any longer promulgated from Oxford, Cambridge, Durham, &c., but that the students of these places should be marched up to Somerset House for examination. Certainly if the atmosphere of those cities is favourable to the growth of professors and examiners, there can be no good reason assigned why Manchester, Birmingham, Bristol, and the other large towns of England, should not produce the like. I should be glad to know why a faculty, or College of Medicine and Surgery, ought not to be established in every important town in the empire.

I will not dwell on the moral effects on professional character which would certainly result from such a change in the position of provincial practitioners. A local medical university in every large town would produce a degree of wholesome emulation, that must necessarily benefit the progress of knowledge. Nor do I see that the realization of such a scheme would be of very difficult execution. Let the Provincial Association, the provincial schools, and, above all, the great body of provincial practitioners, but *will* it, and it shall be accomplished. It is only yesterday that medical schools were established in the provinces; who shall say that to-morrow we shall be without a medical college in every important district? Let provincial practitioners but effect this, and medical reform will be lifted so high, that it may laugh at the puny assailants who at present so sorely annoy the profession.

At present, I merely throw out these few hints, hoping that the subject may attract the notice of some of the able and influential members of the profession in the provinces.

I am, Gentlemen,

Your very obedient servant,

A PROVINCIAL PRACTITIONER.

Manchester,

Dec. 7th, 1841.

#### MANSLAUGHTER BY A MIDWIFE.

At Holbeck, on the 20th ult., an inquest was held on the body of Elizabeth Hargreaves, who had died in childbirth. The deceased, an unmarried mill-girl, was about to become a mother, and sent for Julia Clark, a midwife. A child was born at 6, p.m., the first to which the deceased had given birth; and the midwife left the house (saying she was wanted at home) before the expulsion of the placenta, or after-birth, nor did she say a word on the subject. She returned in about an hour, and tried to remove the after-birth, but could not succeed. The deceased became so ill, that one of the neighbours brought a surgeon, who removed the placenta, and gave the patient some medicine, but she died about 10 o'clock. Other evidence having been given, the jury returned a verdict of "Manslaughter," and the midwife was committed to York Castle for trial.—*Gateshead Observer.*

#### THE PHARMACEUTICAL SOCIETY AND THE COLLEGE OF PHYSICIANS.

On Thursday, the 18th of November, a deputation of the Pharmaceutical Society waited on the College of Physicians, for the purpose of discussing the proposed arrangements respecting the examination of chemists and druggists. The outline of the plan submitted by the deputation was favourably received, and the interview was in every respect satisfactory.

The surviving subscribers to the chemists' fund, have resolved on transferring to the Pharmaceutical Society the residue sum (more than £800) now in their hands.

#### VICEREGAL MEDICAL STAFF.

The Lord-Lieutenant of Ireland has made the following medical appointments to his household:—Physicians, Dr. Robert Law and Dr. John Banks; state-surgeon, Mr. Gerald Macklin; surgeon to the household, Mr. George W. Hatchell; dentist, Mr. P. Brophy; apothecary, Mr. D. Packenham.

Dr. Law is one of the physicians to Sir P. Dunn's hospital; Dr. Banks, we believe, is brother to Mr. Percy Banks, a gentleman well known in the literary circles of London; and Mr. Brophy is the great Catholic dentist of Dublin.

#### BOOKS RECEIVED.

Treatise on the Oleum Jecoris Aselli, or Cod Liver Oil, &c. By John H. Bennett, M.D. London: Highley, 1841. 8vo. pp. 176.

On the Employment of the Microscope in Medical Studies. By the same Author. Edinburgh: Mac-lachlan and Stewart, 1841. 8vo. pp. 28.

#### ROYAL COLLEGE OF SURGEONS IN LONDON.

*Members admitted on Friday, November 26, 1841.*

Gilbert George William Maitland; Alfred Thomas Chandler; Daniel Scannell; John Gorringer; John Pilkington; John Taylor Sharp; Joseph Thomas Brady; Stewart Blacker Roberts; John Buxton; Edmund Evance Hooper; Raphael Woolman Read.

*Friday, December 3.*

J. Shuter; J. M. Edwards; B. Booth; R. P. Cotton; W. Walter; F. Giles; S. K. Scott; F. Broughton; Y. S. Eyre; D. J. Williams; J. Woolcott; W. C. Moat.

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## CLINICAL OBSERVATIONS ON THE EFFECTS OF MERCURY UPON THE ANIMAL SYSTEM.

DELIVERED AT ST. GEORGE'S HOSPITAL,

By Sir B. C. BRODIE, Bart.

GENTLEMEN,—Mercury is a most valuable remedy in the treatment of many diseases, but, if improperly administered, it may destroy many valuable lives. The effects of mercury upon the animal system are very various. If given for a certain time, it excites the circulation and increases the action of the capillary vessels, as well as those peculiar secretions which flow from the salivary glands, the kidneys, the cutaneous exhalent vessels, and the biliary ducts. It acts on the vessels of the gums, rendering them vascular, red, and inflamed; the mouth becomes sore, the cheeks and mouth inflamed, and the tongue becomes swollen and too large for the mouth. It acts on the nervous system by enlivening the spirits, but after a certain time the patient becomes weakened, low-spirited, and depressed, loses flesh, and is debilitated.

Upon first taking mercury, the patient frequently appears to improve in health and spirits, but, if the medicine be continued for too long a period, the very opposite effects to these are produced. If mercury be administered internally, under proper restrictions, it is a very useful remedy in syphilis. The same quantity of mercury will not always produce the same effects. In some persons its effects are produced more speedily on the constitution than in others. The gums may be affected without there being any increased flow of saliva, but generally, where there is no salivation, there is an increased flow of urine, or an increased amount of perspiration from the skin. One of the most common deleterious effects produced by mercury is upon the bowels, where it causes violent griping and watery mucous discharges, and if, under these circumstances, its use is persisted in, dysentery and bloody stools will be the result; such effects as these lower the patient, and prevent the absorption of mercury into the system; if you want to prevent this purging, you must combine some opium with it, and if this be not sufficient, you must leave off the mercury and purge the patient gently with salts and senna.

Mercury sometimes acts upon the nervous system like a mineral poison, and symptoms similar to those which it produces in these cases may arise from arsenic, tartarised antimony, and iodine; these consist of weakness, and debility, constriction of the chest; small, feeble, and irregular pulse; frequent sighing, and incapability of making any bodily or mental exertion. Mr. Pearson used to call this disease the mercurial erythymus: sometimes there is vomiting and sickness, with convulsive trembling of the limbs; this affection generally arises from the

mercury being improperly persevered in, and if it is left off, the symptoms will be in some measure arrested; but time alone will cure the disease, and thus allow the mercury to be eliminated from the system. Sometimes the tongue is covered with a thick black crusted fur, as in typhus fever; and if the patient is low and depressed, he will require ammonia, wine, and other stimuli. Some persons are subject to a peculiar cutaneous eruption while they are taking mercury; this is named the mercurial eczema; sometimes it shows itself only on the inside of the thighs, extending from the upper part near the scrotum, to about the middle of the limb. In some cases it extends over the whole body, and may go off in about five days; but sometimes at about that period, you find the skin covered with vesicles, which in time burst, and the cutis beneath them looks red and raw, and secretes an ichorous fluid; the cuticle and the fluid dry together, forming bran-like scales, which fall off, and give place to another set. Sometimes this peculiar eruption will go on in this manner for some weeks. In the incipient stage of this affection, there is some attendant fever, which, as the disease progresses, assumes the form of hectic. An affection like this never proves fatal; the cuticle after a time ceases to secrete this ichorous matter, and healthy cuticle is generated in its stead; the skin becomes vascular again, and the attendant local and constitutional symptoms go off. Whenever this eruption shows itself, it is always better to leave off the mercury; but there are some surgeons who say that mercury does not aggravate the disease. Art can do but little in the treatment of these cases. In the incipient stage you may give saline medicines, and make the patient use the warm bath, and in the more advanced stage of the disease, you may wash the external surface with thin gruel, or with the following lotion:—

Oxide of bismuth, three drachms;  
Distilled water, one ounce.

In combination with the warm bath, you may give Cinchona and the mineral acids. There is no specific remedy for the disease, and you must, therefore, treat your patient according to the prevailing symptoms present. The effect of mercury upon the constitutional poison of syphilis is very powerful. Sometimes it cures the disease; sometimes it has no effect upon it, and sometimes it does harm. In employing mercury in the cure of syphilis, the general health of the patient should always be maintained, otherwise the mercury will be of no use; and if it should be given in such doses as to break down the general health, it then does the greatest harm to the patient, and, under such circumstances, will always aggravate the original disease. It may agree with the patient at one time, and not at another. A moderate and mild mercurial action upon the system is better than a violent one, as a large quantity of mercury soon

destroys the general health, and thereby tends to aggravate the original disease it was intended to cure. In the treatment of syphilis, you will find that everything which endangers the general health, will always increase that disease. In every case you have to be careful to observe whether the symptoms of the disease improve or not. If they do not improve, you must either give the mercury more carefully, or leave it off, and give sarsaparilla instead, which almost invariably does good in those cases in which mercury fails. Mercury may produce symptoms resembling those of syphilis. When given for the cure of other diseases, it will, sometimes, produce nodes, ulcerations of the mouth and throat, rheumatism and inflammation of the iris; symptoms which assimilate very closely to those produced by syphilis. When you find mercury producing these effects, you must immediately leave it off, and those parts of the throat most affected, should be washed with the *linimentum ceruginis*, taking care that the patient does not swallow it. Or you may use the compound tincture of benzoin, or a decoction of two drachms of extract of hemlock to one pint of water, or you may use warm water alone every night and morning; if there be any fever present, you must give salines and cooling purgatives in combination with sarsaparilla.

When a patient has nodes, you will find that he complains much of pains in the bones from thickening of the periosteum; abscesses may form in the periosteum, and a carious or dead piece of bone may become exposed. Patients who have nodes are, generally, persons of a scrofulous constitution, having previously had enlarged glands in the neck, and other symptoms indicating a scrofulous diathesis. In these cases it is best to send the patient into the country, give him sarsaparilla, and pursue precisely the same treatment as in pure syphilitic nodes. In some cases of these mercurial nodes, you will yet find mercury sometimes cure them. Mercury causes no eruption that can be confounded with any eruption of syphilis. There is one eruption, however, caused by it, the elevations of which are conical, and about the circumference of a sixpence. Pus forms in the apices of these pustulæ, and then the eruption goes off, thus running through a certain course, and then dying away.

In administering mercury, internally, it may be given *pilula hydrargyri* of the pharmacopœia, in doses, varying from five to thirty grains daily; this will seldom act upon the bowels, if it should, however, some opium may be added to it. When you find that the bowels are easily affected by mercury you had better give something like the following formula:—

Blue pill, five grains;  
Aromatic confection, ten grains;  
Opium, a quarter of a grain. Three pills to be taken during the day.

When a slight mercurial action only is required you may give five to ten grains of mercury, with chalk, twice or thrice in the day.

The oxy muriate of mercury is generally given in combination with the compound decoction of sarsaparilla, or you may give from one-sixteenth to a quarter of a grain, with one drachm of tincture of cinnamon, and a little distilled water. A better form, however, is to give three grains of oxy muriate of mercury, with nine grains of muriate of ammonia, made up with crumb of bread into pills. The muriate of ammonia is added in this formula to promote the solution. If, in administering mercury, you wish to bring the system quickly under its influence, you may give the following:—

Calomel, two grains;  
Comp. ipecac. powder, one grain;  
Opium, half a grain. A pill to be taken twice a day.

Or you may, if you prefer it, give the calomel only in combination with opium, and in larger doses. You

may also give mercury by rubbing in, externally, the *unguent. hydrarg. fort.* into the thighs once or twice a day before the fire; when one thigh is affected with pimples you may rub it in on the other one, and when both are affected you may rub it in on the arms, and when the thighs are free from pimples you may rub it in again upon them; it is seldom that these pimples appear a second time. The continental surgeons often employ mercury as a fumigation, but it is not much used in England. It is done by heating an iron red hot, throwing some cinnabar upon it, and placing an inverted funnel over all, when the mercurial vapour ascends through the tube and may be inhaled by the patient. When a patient is taking mercury, the gums should be slightly affected; and if they should show a disposition to ulcerate, astringent washes may be used. The patient should be kept to the house, in damp weather especially. In some cases, however, confinement in doors proves injurious to the health, in which case the patient must be allowed to go out a little. Cold is always an antidote to mercury's producing its proper effects; and if the patient be of a constitution not readily affected by mercury, he should be kept in a warm room; if he is too much affected he should be sent out into the open air.

Sarsaparilla is a very useful medicine in syphilis, either in those cases in which mercury acts too violently upon the system, or in those in which it has no power upon the disease. The dose of this medicine consists generally of one drachm of the extract of sarsaparilla, dissolved in one pint of the compound decoction, and taken daily. The powder of sarsaparilla is as useful as the decoction if the stomach will bear it; you may give it in quantities varying from six drachms to one ounce every day, or you may infuse two drachms of bruised sarsaparilla root in one pint of fresh lime water for twenty-four hours, with some liquorice in it; this quantity should be taken daily. Purging will sometimes occur in some cases of syphilis, when you may give your patients bark or arsenic. Syphilis will disappear upon an attack of erysipelas coming on, and it might disappear also under the use of arsenic, if it could be made to affect the constitution without producing the effects of a poison.

## CASES

### FROM THE EARLY NOTE BOOKS

OF THE LATE

SIR ASTLEY COOPER, BART.

Extracted with permission of Bransby B. Cooper, Esq., F.R.S.

No. XV.

CALCULUS IN THE URETHRA.

I saw a child, six years old, the son of Mr. —, in Thames-street, whose urine had been suppressed for twenty hours.

Upon feeling the urethra through the scrotum, a stone could be perceived, and upon introducing a probe, could be struck. I passed a director to the stone by the urethra, and cut down upon its end through the scrotum; then, taking the stone between my finger and thumb, and dilating the urethra a little more, the stone could be laid hold of with a pair of forceps, and extracted. The urine was immediately discharged in large quantities through the wound, mixed with a small quantity of pus.

On the following day all the urine came by the natural canal, and he did well.

This lad, about three years before, had been cut for the stone.

This shows that cutting through the scrotum into



the urethra is not so dangerous an operation as has been supposed, as no sloughing followed, nor, indeed, any bad symptom.

#### ABSCESS UNDER THE TEMPORAL FASCIA.

Mr. — had a tumour just above the zygomatic arch, in which I perceived fluctuation. I opened it, let out pus, and found that it came from under the fascia of the temporal muscle.

Inflammation came on violently, and a tumour formed in the mouth opposite to the insertion of the temporal muscle. This broke, and continued to discharge for about a month, when the patient recovered.

#### CROUP.

The daughter of a Mr. —, in Goodman's-fields, was seized, at the age of fourteen months, with an hoarseness, which continued for three days without its otherwise affecting her health. At the end of this time she began to cough, and that with so peculiar a noise as to characterise the disease.

A leech was applied to the throat, which sucked about six ounces.

Calomel was given, and two blisters were applied to the throat.

Notwithstanding this treatment, great difficulty of breathing, with frequent coughing, succeeded, and after some hours she died,—not absolutely suffocated, but from irritation and difficult breathing united.

*Dissection.*—The larynx was the only part permitted to be examined, which was very highly inflamed; the glottis was much narrowed by an effusion into the cellular membrane there. There was no effusion of lymph in this part.

#### CÆSARIAN OPERATION.

A woman, aged 40, who had had several children, in consequence of a fall fractured the ileum and os pubis, and dislocated the os femoris. She recovered from this accident, and soon proved pregnant. In September (1793) she was taken in labour, when, upon examination, it was found that a depressed and projecting pubes left only half an inch between the basis of the sacrum and pubes; besides the depression there seemed to be an exostosis on the pubes.

As it was obvious that, under these circumstances, she could not be delivered, the Cæsarian operation was determined upon.

An incision was made five inches long in the direction of the linea alba. The uterus was next cut open as far as the outer wound would permit; the breech of the child presented, and it was removed, but the child was dead. Seven sutures were made, and sticking plaster placed between them; a flannel roller was applied over the whole.

No vessels of any size were divided, at least none which afforded hæmorrhage. The uterus was very thin.

On the second day there was sickness and pain in the abdomen, which were removed by glysters and by a blister on the abdomen.

The intermediate sutures only were first removed, so that they might be withdrawn gradually.

It is now (1796) three years since the operation, and there has been no pregnancy.

#### DIVISION OF CUBITAL NERVE.

I saw a girl, who had, twelve months before, divided the cubital nerve by a piece of glass, and just above the elbow. The glass was removed, the wound healed, but the girl had lost all sensation in the little finger, and partly in the finger next it. The finger was perfectly dead to sensation; it appeared purple, as did the back of the hand towards the little finger; it felt cold, and, upon the application of the thermometer, was found to be eight degrees below that of the middle finger of the same hand. Middle finger, 86 deg.; little finger, 78 deg.

She could move this finger.

The nail also grew upon it, though not in proportion as upon the others.

#### SUPPRESSION OF URINE.

Thursday, 16. Was consulted by Mr. —, of Wilson-street, who had a stricture of long standing, and now a total suppression of urine. No catheter or bougie would pass, but I introduced a catgut, which was followed by urine when it was withdrawn.

Much pain attended the suppression, which seemed to arise from a sudden and violent contraction of the bladder, for it came in fits.

After discharging a quantity of urine, three small stones, about the size of the head of a large pin, were discharged.

#### CALCULI.

The calculi which are discharged in old people, and which in them produce the disease called gravel, are formed in the prostate gland. It is on this account that the symptoms of a stone in the bladder so frequently occur in gravel. Mr. Allen took from a subject of his many scores of the above-mentioned stones.

#### INFLAMMATION OF THE PROSTATE GLAND.

A man with gonorrhœa (Mr. —) had an inflammation of the prostate gland produced by it. I have observed in old people that this is very apt to happen. His age was more than 50.

He was relieved by a blister upon the perineum. If the person has a stricture, it is always very considerably increased by gonorrhœa.

#### SUPPRESSION OF URINE.

Mr. — came to London from Horsham, in Sussex, and was attacked, on his arrival, with suppression of urine. He was 64 years of age, and had a diseased prostate. His urine required to be drawn off twice in the twenty-four hours.

He had constitutional irritation—namely, loss of appetite, a dry tongue and skin, thirst, hoarseness, purging, urine high-coloured. These symptoms did not come on for four days after the suppression. He got well.

### A CASE OF MUSCULAR AMAUROSIS,

#### CURED BY OPERATIONS ON THE RECTI MUSCLES.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—The following case is one of that class of cases of impaired vision, to which I have recently given the name of muscular amaurosis, because those forms of it which are incurable by medical treatment are curable by operation on the muscles of the eye. In order that my professional brethren may take courage, and put my practice to the test of experience, I am happy to inform them that, since the publication of my pamphlet on the subject of muscular amaurosis, &c., I have had frequent opportunities of putting to the fullest test, the value of the practice therein recommended; and that I have not, in any instance, been disappointed of its merits, towards the proof of which I submit the report of the accompanying case.

I remain, Gentlemen,

Your obedient servant,

JAMES J. ADAMS.

27, New Broad-street, Dec. 8, 1841.

Mary Anne Ryadon, aged 14, is a healthy looking girl of dark complexion, with brown hair; her appearance at first sight is that of a blind child; her

eyes are covered by large glass spectacles of a violet colour, and her head hangs on her chest; the movements of her head and body show that she is intent on finding her way about, and at the same time of avoiding the effects of the daylight on her eyes. If the spectacles be removed, she cannot refrain from firmly closing both eyelids, and keeping them shut in any but a very dim light. The irides are grey, and the eyes, to all appearance, healthy, there being no signs of inflammation or of congestion in any of the tissues.

The position and association of the eyeballs are perfectly natural, though they appear to be somewhat smaller than usual, an appearance probably caused by their being seated in the orbit more deeply than is usual; convergence very slight, but equal at two inches; repulsion active, and slightly more than central in the left eye; inversion and eversion very complete and equal—i.e., perfectly natural; sight, with both eyes open, without the use of glasses, and in a faint light sufficiently good for her to see to read small print at about the distance of *four* inches, and large print at *six*, but not beyond, and then only for a few minutes at a time—e.g. *five* or *seven*, after which she is not able to recognise the form of the largest letters; the sight, after many attempts to read or to work, requiring a rest of several hours duration for its recovery. She cannot see to thread a needle of less size than number seven; nor see to read the names of streets, of shopkeepers, or of omnibuses, if beyond the distance of eight to twelve feet. She states that her sight is most defective during the first two or three hours of the morning, and during candle light. In the morning her usual time of rising is half-past six o'clock, and her breakfast hour eight o'clock; from the time of her leaving her bed, till about one hour after her breakfast, her sight is always so dim that it is with much difficulty she prevents herself from stumbling over the chairs and other large objects which may lie in her way; indeed, on several occasions, she has fallen. During the remainder of the day, till candle light, her sight is usually much better, but at candle light, she experiences a return of the dimness like to that felt in the morning. Yellow sparks of fire are frequently seen before both eyes, but most frequently before the left. Sight in the right eye, as imperfect as with both eyes open; sight in the left eye, much worse than in the right, yet she can see by it the letters of small print, but not to read them; when this eye is used by itself, its dimness will increase much faster than if both eyes be open, and by it she can see best towards her nose. She is subject to very severe pains over the left eye, forehead, and through the temples, which are most severe in the morning, and when the sight is most dim. These pains are always increased by reading or running, but not by stooping; she is subject to severe intolerance of light, and to frequent attacks of sickness.

*History.* Soon after birth, her eyes were attacked by inflammation, accompanied by a profuse discharge, which continued during six months. She states that she never remembers her sight to have been very good, but is sure that it has become very much worse during these last two years, which she attributes to her more frequent attempts at needle work, the above described symptoms having gradually increased in their severity. Her treatment has been conducted by one of the most eminent ophthalmic surgeons in London, without any benefit.

Aug. 16. I divided the left internal rectus muscle, which caused the eye to become everted, and, at the same time, to have an instant improvement in its sight. Two hours after the operation, with both eyes open, she could see to read small print, "pearl," at the distance of seven and a half inches, and large print, "double pica," at twelve inches, and she observed that every object was seen much clearer than she had been accustomed to see it; by the left eye

alone she can read small print at seven inches, and large at ten.

Aug. 20. Position of the right eye central, and that of the left slightly everted; the prominence of the eyes as before operation; wound nearly healed; repulsion, more than central in the left; sight, with both eyes open, very much improved; she can see to read small print at the distance of twelve inches; the dimness does not come on so soon, or to so dense a degree as it used to do; with the left eye she is capable of seeing to read "pearl" type at the distance of eight inches; vision is best towards her left shoulder, and the disposition to dimness, after exertion, is greatly diminished. She says that on the evening of the day of operation, she saw, before the left eye, very many bright yellow sparks, which have not since been seen.

25. Position of both eyes frequently natural, but, at times, the left eye is slightly diverged; sight, with both eyes open, still improved; she can read small print for about one quarter of an hour, without resting the eyes; with the left eye she can now read pearl at ten inches, but a dimness still appears after slight exertion of the organ; sight, in the right eye, much improved since the operation on the left, and it is still the better eye of the two, for objects appear clearer to it, and can be seen both for a longer time and at a greater distance; the sight is still most dim in the morning, though not so much so as to cause any fear of falling; her pains are less severe than before operation, are not felt particularly over the left eye, but equally over both, and the intolerance of light has much subsided.

Sept. 10. Her general appearance is improved, and the expression of her eyes is more intelligent; the position of her eyes is at times perfectly natural; but, at other moments, the right eye appears to be slightly more central than the left; no prominence of the eyes since the operation; wound, healed; association, natural; convergence, at two and a half inches, slight, and equal; repulsion, in the left eye, active, and more than central; inversion, more than complete in the right, and complete in the left—that is to say, in the left eye the cornea passes the situation of the inferior punctum, just so far as to show a line of sclerótica between it and the inner canthus, while the inversion of the right cornea is so complete, that no portion of the sclerótica, inwards of it, could be seen; eversion, very complete in both, but slightly more so in the left; sight, with both eyes open, very much improved; she can see to read "pearl" type at fourteen inches, "double pica" type at the distance of four feet, and the names of omnibuses and shopkeepers more distinctly than ever she did. On Sunday last she read her testament and prayer-book during one hour and a half, a result of which was, a slight dimness of sight, which was speedily removed by a short rest; her sight in the morning is not so dim as it used to be, though, still its clearness is much the best towards noon. Since the day of operation, the appearance of sparks of fire before the eyes has not been seen; sight in the right eye not so good as with both open; she does not see quite so brightly, or so far with it—e.g., "pearl" cannot be read beyond ten inches, "double pica" beyond three feet. Sight with the left eye nearly as perfect as in the right; she can see with it "pearl" at ten inches, "double pica" at two and a quarter feet; the dimness still comes on after exertion, though not as before operation, nor to so great an extent.

During the last fortnight she has experienced severe pains, similar to those felt before operation; they have been felt over the left eye and forehead; the temples have not been painful since the first week after the operation.

13. Divided the *left external* rectus, which caused the left eye to become slightly inverted; but, on looking towards any object, with both eyelids open, it was



observed that the right eye would instantly converge to correspond with the left, so that she only every now and then sees double. In about an hour after the operation the sight in the left eye had become clearer than it ever yet had been known to be.

28. Position of the eyes frequently natural and central, but if their motions be attentively watched when she looks to a long distance, the left eye will be observed to be slightly inverted, while the right is as slightly everted; and if she looks at a near object the position of the eyes will be seen to be nearly reversed, the left eye being central, and the right much inverted. Association natural; convergence equal at three inches; repulsion in the left eye more than central; inversion more than complete in the right, and quite complete in the left; eversion very complete in the right, but not in the left by one line; with both eyes open, able to see to read "pearl" at fourteen inches, and "double pica" at four feet. She can now read for fully half an hour at a time, without any dimness appearing before the eyes; after which a slight dimness partly obscures the sight, and she can continue to read for at least an hour before she would feel herself compelled to rest for longer than a few seconds at a time. Yesterday, she sat at needle work for an hour, without any dimness having appeared; her sight still is noticed to be worse during the first hours of the morning; sight, in the left eye, sufficiently good for her to see to read "pearl" at ten inches, and "double pica" at three feet; a slight degree of dimness still appears in this eye after exertion, and its sight continues to be more perfect when directed towards the left shoulder. Sight in the right eye improved; she can read "pearl" at twelve inches, and "double pica" at about four feet; a slight degree of dimness appears before this eye after an exertion of it, but not to the same extent as in the left. The painful sensations in the head and brows are only felt after an over use of the eyes, or a too long and attentive gaze, and then merely a slight pain is experienced over the brows and forehead; she has not suffered any attacks of sickness, since the last operation.

Oct. 8. The general appearance of the girl is much improved, a more lively expression in her face being very perceptible; position of both eyes very nearly natural; the right is slightly diverged, the left equally converged when she looks at a distance, but if she looks at any object within three inches, the position will be reversed. Association natural; repulsion in the left eye central; inversion slightly more than complete in the right, and just complete in the left; eversion just complete in the left, and more than complete in the right by half a line. Her sight has continued to improve in both eyes; to-day she tried to do some fine needle work—namely, stitching, and, after one hour's occupation, she could see to work as distinctly as when she began, not having felt the least degree of inconvenience. Since the last operation she has, on several occasions, read small print and written small text, without the least appearance of her old symptoms. She has not seen double since the last operation, nor has any bandage been worn.

18. Divided the right external rectus muscle, and removed a small portion of it; the effect of which was to cause an equal convergence of both eyes, and a greater disposition to inversion in the right than the left; the power of eversion of the right was immediately after operation almost entirely destroyed; repulsion active and more than central in the left.

25. The position of both eyes is perfectly natural; the eversion in the right is not complete by two and a half lines; the repulsion in the left is more than central; she complains of pain across the forehead. Her sight remains very good, but, since the last operation, until yesterday, she has seen double; to day, all objects appear single and natural.

Nov. 2. Position of both eyes perfectly natural.

Inversion more than complete in the right, and just complete in the left; eversion equal, and not complete by half a line, sight perfect, and equally good with either eye; she worked at her needle yesterday for more than four hours and a half without feeling the slightest inconvenience during the time, or being compelled to rest, but after she had ceased to work a slight headache commenced, which did not last longer than half an hour.

15. The position of both eyes is perfectly natural, and their prominence equal, and more natural than before the operation, when they appeared to be somewhat smaller than they should be; association natural; convergence very slight and equal at the distance of one foot; it continues to increase equally, till it becomes nearly full, which occurs, when the pencil or object viewed, is situated at a point about three inches from the eyes; if the object be then advanced close to the root of the nose, the left eye will be observed to turn; first towards its centre, and secondly outwards and external to it, till it reaches a point situated midway between the centre of its palpebral margins, and the external canthus; during this movement of the left eye, the right has become inverted to the extent of nearly one quarter of its corneal surface; repulsion is then in the left eye more than central and passive; inversion, to the extent of one-third of the corneal surface in the right, and complete in the left; eversion equal, but not complete by half a line; sight perfectly good in both eyes; at the distance of fifteen inches, the patient can see to read "pearl," and "double pica" at four feet; she can see to do the finest work, or to read small print, for as long as she may please, without producing any dimness of sight, or feeling any other symptoms of uneasiness; she has worked at needlework for six hours in each day, during the past week, without noticing the presence of any of the old symptoms, even in the slightest degree. The vision in either eye is nearly equal, that of the left being a shade less perfect than the right; for instance, small print is seen by the right eye at fourteen inches, and by the left at twelve; the large print of "double pica" is seen, by either eye, at about the distance of four feet; all pains and uneasy sensations about the eyes and head have entirely ceased; intolerance of light has completely subsided, and she can bear the strong light of a bright day without any shading of the eyes.

#### REMARKS.

If the principal features of the above case be briefly summed up, it will appear that a girl of fourteen years of age was so blind, as not to be able, safely, to guide herself about, or to see to read a large sized print beyond the distance of *six* inches, for longer than five or seven minutes at a time, without resting her eyes during several hours; and who was subject to violent pains in the head, to attacks of sickness, and to such a degree of intolerance of light as to prevent her from facing day-light without the protection of a shade to her eyes, has been, by the performance of three operations on the recti muscles, so much improved, with respect to her sight, as to be rendered capable of seeing to read a small sized print at the distance of *fifteen* inches, a large sized print at *four* feet, and to do fine needle work during six hours, daily, without producing the least degree of dimness, or of any other impairment of her vision.

Moreover, the operations have been attended by a complete relief of all her pains, sickness, and intolerance of light; indeed, they have placed her in a state which, under other circumstances, she could never, reasonably, have expected to enjoy, for it must be remembered that the defect of her vision commenced soon after her birth, and had persisted, in spite of good medical treatment, till she became the subject of operation.

## RADICAL CURE OF STRICTURE,

BY THE

## USE OF THE CAUSTIC BOUGIE.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND  
SURGICAL JOURNAL.

GENTLEMEN,—Should you deem the inclosed paper worthy a place in your periodical, its insertion will confer an obligation on, Gentlemen,

Your obedient Servant,

CONWAY T. EDWARDS, M.R.C.S.

Bathaston, Bath,  
Dec. 10, 1841.

An officer in her Majesty's service applied for my advice for a stricture in the urethra, and an abscess in the perineum.

The stricture had existed many years, and latterly the passage had become so very contracted that no urine could be passed without the assistance of a very small bougie. The continual lacerations of the lining membrane of the urethra, which naturally resulted from the unscientific manner in which the instrument was introduced, tended further to block up the passage; and this, in conjunction with the violent straining, which took place during every attempt to relieve the bladder, produced inflammation in the surrounding structures, and excessive irritation of that organ.

In this miserable condition the patient was compelled to seek professional assistance; and after great difficulty a medical gentleman introduced a catheter, and emptied the bladder. Further than continually passing the instrument, no attempt was made to effect a radical cure: the prostate became painful, and so much enlarged as to offer another impediment to the evacuation of the bladder, and an abscess made its appearance in the perineum.

As the patient lived above 180 miles from me, I requested he would come to Bath. On his arrival, what with the fatigue occasioned by the journey, and the exhaustion consequent on his having taken no sustenance of any kind from the time he started, a feverish state of the system was induced, that aggravated the disease from which he was suffering.

I succeeded in passing a small catheter, and having relieved him so far, requested he would retire to rest. On the following morning I made a thorough examination of the affected parts.

The whole of the prostate was enlarged and painful; there was an irritable ulcer in the perineum, unconnected with any important part. On passing a composition bougie, I found that a stricture existed about the centre of the urethra; on gently insinuating the instrument it passed through the contraction, and, on being withdrawn, gave evidence that about a quarter of an inch of the passage was obstructed. The bougie was of the smallest kind. A dozen leeches were applied to the perineum, followed by a smart dose of the protochloride of mercury, and a cathartic draught. The catheter was passed at bed-time, and a dose of morphine, with James's powder, secured the patient a good night's rest. On the following morning the prostate was free from pain, and after evacuating the urine I left the catheter in the bladder. For several days the antiphlogistic treatment was pursued, and the sedative given at night; and each time, after passing the catheter, it was allowed to remain in the bladder for several hours. By these means all the irritation was subdued, and the stricture, with the enlarged prostate (for the abscess had healed) was all I had to contend against.

I now submitted my plan of treatment (which was to destroy the stricture, with the caustic bougie, and disperse the enlargement of the gland, by iodine, and its preparations) to my patient, and he willingly assented to it. An ointment of metallic iodine, with hydriodate of potass was rubbed into the perineum

night and morning, and two doses of a mixture, in which the hydriodate was dissolved, taken at the same time. I passed a good sized armed India-rubber bougie down to the stricture, which gave great pain on its first application; and, on removing it, introduced a very small bougie through the stricture; in the evening I drew off the water as usual with the silver catheter. Every second day for a week I used the armed bougie; and not only no bad symptoms were produced, but little pain was felt by the application of the caustic. At the commencement of the second week, I increased the diameter of the armed bougie, and a few days after this I succeeded in introducing an elastic catheter, which remained in the bladder until the following morning. Thus was an important point gained; for the catheter passed with comparative facility, and as it was much larger than the silver one which I had been using, a certainty of a cure now for the first time took possession of my patient's mind.

In this manner we progressed, passing the instrument every day, and increasing the diameter of the elastic catheter, until one of moderate dimensions could be passed with facility. At the termination of a month, the catheterism was omitted, and a large elastic bougie worn in its place for half the day.

The patient could now evacuate the contents of the bladder with the greatest ease; the prostate returned to its original dimensions; his health and spirits were restored; and he returned home a sounder man than he had been for many years.

On a review of this case, I am justified in stating that the chances certainly were against the patient; for he was not a young man; had been in every first-rate action during the last war; was wounded in the battle of the Nile; was in numerous single engagements, and, moreover, had essayed to treat his own complaint, all of which tended greatly to weaken the energies of the system. I was therefore rather tenacious at first, respecting the application of the armed bougie, and represented the possibility of a certain train of symptoms supervening on its use; but as the disease would certainly have produced speedy destruction to life, unless shortly subdued, so I feel quite justified in risking the application of that which, when holding the situation as dresser at St. Bartholomew's Hospital, I had sometimes seen produce no very trifling irritation.

## CASE

OF

FUNGUS HÆMATODES IN A CHILD TWO  
YEARS OF AGE.TO THE EDITORS OF THE PROVINCIAL MEDICAL AND  
SURGICAL JOURNAL.

GENTLEMEN,—I beg to forward the following case for your insertion in your very useful Journal, which I have taken in from the commencement.

I remain,

Your obedient servant,

HENRY EWEN.

Long Sutton, near Wisbeach,  
Dec. 11, 1841.

April 21, 1840. I was consulted this day by the parents of M.—Pulford, aged two years, respecting a tumour of the left leg, and received from them the following history of the child's case. A small swelling was observed just above the outer ankle a few days after birth; three months afterwards it had increased considerably; after that it decreased and nearly disappeared; the tumour continued stationary for about nine months, and then began to increase again, and has continued increasing up to this time; the tumour involves the whole limb from the ankle to the



upper part of the calf of the leg; it is lobulated, bulging out on the outer or fibular side, where it feels very elastic to the touch; it also projects on the inner or tibial side, and here there is distinct fluctuation on pressure; the skin is of a natural colour, but bright, shining, and tense; there are numerous veins meandering under the skin, and numerous patches of prettily injected arterial capillaries; the circumference of the tumour at the upper part is eleven inches, at the lower part nine inches and a half; the circumference of the calf of the right leg is six inches and three quarters; a gland can be felt enlarged in the left groin; the child is very fair, with light hair and eyes, but does not look unhealthy; the bowels have been affected with diarrhoea for six weeks, and the stools are not healthy. Pressure had been applied to the swelling in the early stage, and latterly fomentations and poultices. Some alterative powders were prescribed, and an evaporating lotion.

29. The child has had better nights, and the evacuations from the bowels are more healthy; tumour in the same state. There could be little doubt as to the real nature of the disease, but, before proposing amputation, I recommended a consultation.

30. My friend, Dr. Cammack, saw the child with me to day. I punctured the most fluctuating part of the swelling with a grooved needle; a few drachms of brownish coloured serum escaped, this fluid coagulated on the application of heat; on puncturing the tumour with a lancet just above the outer ancle, a few drops of blood only escaped. Dr. Cammack expressed himself fully satisfied as to the true nature of the disease. Amputation was recommended but the parents refused to accede to an operation.

June 10. The tumour has considerably increased in size, and now measures eighteen inches in circumference; this afternoon the skin gave way at three points on the inner side of the swelling, and very copious hæmorrhage took place; the child is much altered, looks deadly pale, and has a very rapid pulse.

12. Yesterday the skin gave way for about three inches on the inner side of the swelling, and from this opening a fungus the size of a goose's egg has sprouted forth; hæmorrhage takes place from time to time.

14. Died this morning.

15. *Inspectio Cadaveris*.—The tumour consisted, in great part, of a substance in appearance much resembling brain, with some cavities containing serum; and on each side there was softening of its substance; the bones of the leg were much flattened and distorted, but not otherwise affected. The viscera of the chest and abdomen were remarkably pale; but in other respects appeared perfectly healthy. What is the usual result of operations in such cases?

## SCROFULOUS DISEASE OF THE JOINTS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—If, in the following short history of the elbow joint, and amputation of the extremity, any observation be found worthy of a place on your pages, I shall feel obliged by its insertion, and

I am, Gentlemen,

Your obedient servant,

Liverpool, Dec. 15, 1841. J. NOTTINGHAM.

John Beech, aged forty, a tall and slender man, was formerly a file-cutter, but left this occupation at the age of twenty years for the army, in which he served nearly twenty years; the first four in England and Ireland, the next nine years in the Mediterranean (Malta, Corfu, &c.), and the remainder of the time at Sydney, New Holland. These localities are mentioned for the purpose of directing attention to his mode of life, and to the nature of the climates alluded to, for during the twenty years of service as a soldier he en-

joyed the "most perfect health," but after he left the army and returned to England, change of climate and the effects of poverty, seem to have favoured the production of the disease we have here to notice.

Having left Sydney for England, he arrived in Chatham, May, 1840, and in December of the same year, came, in good health, to Liverpool for the purpose of seeking employment.

Without any known cause, early in the month of May, 1841, his right elbow became painful on motion, and the joint "gradually swelled." During the day, the pain was considerable; but he remarks that it was very much increased in the night, and that he was frequently started out of his sleep by it. In the month of August last, when he became my patient, the expression of his countenance was very anxious, he was considerably emaciated, but without any cough, or other symptom of internal visceral disease. He at once expressed a desire to have the arm removed, which was acceded to as soon as it appeared that no favourable results could be expected from excision of the joint, or any palliative mode of treatment.

The right elbow measured in its circumference some inches more than that of the opposite side, the integument had a glossy aspect, marked by meandering veins, and was very sensitive to the touch; the lancet, he says, had twice been used for the purpose of "letting out matter." It did not appear that these punctures had been followed by any considerable discharge.

Aug. 29. The arm was removed by the flap operation, a little above the middle of the humerus. The parts afterwards united by the first intention in a very favourable manner.

On examination, the disease of the joint was found to be very extensive, the cartilages of the three bones ulcerated, and the synovial membrane converted into a sort of gelatinous material, with about an ounce of pus in the cavity of the articulation. The bones were softened to a considerable distance from their articular extremities.

After the operation, the general health of the patient was somewhat improved, and he went on favourably during about two months, but at the end of this time began to complain of some uneasiness in the right knee, which was found to be considerably swollen. There was great pain on pressure over the ligamentum patellæ, the head of the tibia was very sensitive, also the corresponding part of the femur, but in a less degree; he had not yet experienced any nocturnal disturbance from this cause, but was very lame in walking.

Nov. 1. He was directed to refrain from walking, or any other motion which should increase the pain in the articulation—to cover the joint with a piece of flannel, and apply a moderately tight roller around it.

Dec. 10. The precautions taken with regard to the knee joint have been followed by considerable improvement; the swelling is reduced, the pain much lessened, and the patient now walks, complaining only of a little stiffness; it is not, however, improbable that the knee joint may be more seriously affected by scrofulous disease at no distant period. In the family of this patient there appeared to have been what we may be allowed to call a disposition to scrofulous disease of joints; one of his brothers "died of white swelling" of the right knee at the age of thirteen years, but from his account it does not seem that any of them have suffered from pulmonary affections.

In this, as in all cases for operation, the necessity was very evident, not only of attending to the state of the internal organs and general health, but, perhaps, we should not be going too far to say that the condition at the same time of the larger joints, as yet not known to be affected by disease, might be regarded as worthy of our attention, to say nothing of metastasis in complaints of this kind, a subject with which we are hitherto so imperfectly acquainted.



## PROVINCIAL MEDICAL & SURGICAL JOURNAL

SATURDAY, DECEMBER 18.

One of the difficulties connected with the improvement of the condition of the medical profession, and not the least important in relation to the interests of a large body of practitioners, is the mode of remuneration of the general practitioner. However much changes, calculated to place the existing institutions on a level with the advanced spirit of the times, may be required, it is still more necessary that the numerous and highly intelligent class referred to should be elevated to a position corresponding with their professional attainments. The general practitioners have now almost superseded the mere apothecary, and, at this time, constitute what may be termed the commonality of the profession. They are, for the most part, deservedly in possession of the confidence of the public, and cases of severe and dangerous disease are now entrusted to their care, equally with the ordinary attacks of sickness, in which the advice of the physician or surgeon is rarely sought. The interests of this body of practitioners, in any scheme of reform which may be adopted, will, therefore, require special attention. The existing Apothecaries' Company, whatever may become of it as a pharmaceutical board, has obviously but small claims to exercise future control over a numerous body of professional gentlemen, whose educational and general attainments are so superior to those contemplated by the company as requisite in their own licentiates.

To submit a superior class of men to the rules of an inferior order, can scarcely be contended for. A new faculty, college, or incorporation must therefore be constituted, in which the general practitioners may be enrolled, and under which their privileges may be defined, and their interests protected. We believe that the most efficient general reform of the profession, and the most desirable which, under present circumstances, can take place, would be the constitution of such a faculty or college on liberal and comprehensive principles; the throwing open the Colleges of Physicians and Surgeons; the converting of the Company of Apothecaries into a pharmaceutical college; and the combining the powers of these different bodies in one general council, a portion of which should consist of extra-professional members appointed by, and connected with, the government.

The main difficulty to be provided for in such a scheme would be the constitution of the new body. Into this we have now no intention of entering; but the one point to which we have alluded, the mode of remuneration, forms so important a feature in the practical working of any measure which may hereafter be adopted, that we are induced to devote a few observations especially to this topic. That which at present exists is manifestly the very worst that could be devised. It is equally bad in principle and injurious

in practice. The attempt at obtaining remuneration for skill, and compensation for valuable time, by a high charge for drugs or a larger supply of medicines than the circumstances of the case call for, is a species of practical deceit which is equally discreditable to the practitioner and disadvantageous both to himself and the public. This injurious and fraudulent custom, and the degradation attendant upon it, must be got rid of; and though the difficulties connected with its abolition are great, perhaps more than have yet been fathomed, we would fain hope that they are not insurmountable.

Several methods by which the medical attendant might be remunerated upon less objectionable principles, have been at different times suggested, some of which appear deserving of more extended consideration than they have met with. The proposal to relieve the general practitioner from the mechanical process of compounding and dispensing medicines, and to separate altogether the practice of pharmacy from that of medicine, surgery, and obstetrics, is, perhaps, that which most completely obviates the main objections urged against the existing modes of remuneration. It is to be feared, however, that in country districts it would scarcely be possible to carry such a proposition into effect. The requirements of a thinly scattered population are too limited to support an express pharmaceutical establishment, and in such cases there appears but little prospect of providing medicines and other remedial agents for the inhabitants by any other means than through the medium of the resident medical practitioner. There is, moreover, no sufficient reason why medicines should not continue to be thus supplied. There is no actual degradation in the practice of pharmacy; many of its processes require considerable manual dexterity, and scientific knowledge of some depth becomes necessary to comprehend the principles on which they are founded. It is the abuses which have sprung up in connection with it—the charging for the drug or medicine supplied, at a price often extravagantly high, in relation to its marketable value, and the estimating the time of the prescriber, and the far higher qualities of genuine medical attainments, skill, and experience, at naught, which tend to convert the supply of medicine, after this manner, into an extortionate trade, and to lessen the respectability, and injure the character of the practitioner.

Were the reveries of Hahnemann to prove correct, and could medicine be administered with effect in the infinitesimal doses of the homœopathist, nothing would be more easy than the abolition of all pharmaceutical establishments for the dispensing of medicine. The physician and the general practitioner might then carry about with them their pocket cabinet of medicinal agents, stored with globules of aconite, of arnica, of pulsatella, &c., in sufficient quantity, to supply the wants of their patients for an indefinite period; and it would become as much a matter of course for them to do so, as it now is for the surgeon to carry his pocket case of instruments. So far also from any degradation attaching to it—the neatness of the whole



apparatus, and the minute accuracy with which the medicines are divided, and their infinitesimal doses apportioned, would even invest the dispensing of medicine with an appearance of elegance.

The mere dispensing of medicines, therefore, is in itself no degradation; it is, as we have before stated, the sale of them by the general practitioner, as a means of remuneration for his time and skill, which is the real source of the evils felt and complained of. It is this which converts the profession into the trade; and, moreover, places the trade itself upon a higher footing than the profession. Does the plan which has been proposed of making a fair charge for the visits, varying with the distance and the condition of the patient, and supplying the medicines, &c., at the same cost as the druggist, afford a remedy? We fear not. The objection might, and by ignorant or illiberal people would, still be urged in the event of expensive drugs being required and charged for, that a bill had been made out, and the furnishing of medicines at the same cost as they can be procured for at the shop of the druggist or chemist would be virtually converting the practitioner, in as far as his own patients were concerned, into a tradesman of that class.

The existing method of charging for drugs, &c., at a high rate, and estimating time and skill as nothing, is, we repeat, the worst which could possibly be devised. For the ordinary medical attendant to give up dispensing, would be attended with serious disadvantage, if not altogether impracticable in country districts, and, as we believe, of very doubtful benefit to the general practitioner in large towns and more populous localities; the making a sufficient charge for attendance, and at the same time supplying medicines at the current price, though far less objectionable than the existing method, and more capable of being carried out than the discontinuance of the system of dispensing, is yet open to the imputations before mentioned.

Among other methods which might be adopted, are the furnishing of the necessary remedial agents, whatever these may be, without specific charge, the account being given in accordance with the practice pursued by many esteemed practitioners, in general terms for attendance and medicines, and the adopting of such a scale of remuneration for attendance only, as shall cover the average cost of the drugs required.

According to this last method, no charge whatever would be made for the medicines supplied; but the fees for attendance might be so regulated, as to prevent actual loss from the necessity of keeping up the dispensing department. This is indeed what is actually done in such of the union districts as have adopted the system of payment per case, and though we are little disposed to look to union authorities for anything, either beneficial or honourable in their dealings with the medical profession, we have no objection to make use of any hints, whether by way of warning or guidance, to be derived from their methods of procedure.

The payment per case, then, of the unions, which include medicine and other appliances, may be taken as an indication that the payment per visit is capable

of being made an advantageous and efficient system of remuneration. In any scale of fees which might be adopted upon this principle, it is only necessary for securing a more honourable position to the medical attendant, that such medicines and appliances should be included as are saleable articles, and may be procured elsewhere. Operations of every description ought to be charged for separately; a comparative scale for which, similar to the one for attendance proposed by a correspondent in a late number of the *Journal*, might be drawn up. The details of such a measure would readily suggest themselves were it thought desirable to carry it into execution, and it is unnecessary to allude further to them. The advantages are, that the general practitioner becomes at once liberated from the trammels of trade; his remuneration is derived from the exercise of his professional talents alone; all competition with the druggist, as such, is avoided; his station in society is elevated in a like proportion, and as he is no longer subjected to the imputation of mercenary and unworthy motives, his moral character stands higher in the estimation of those who have occasion to require his services.

#### MR. CARMICHAEL ON MEDICAL REFORM.

In our last number, while noticing the views recently published by Mr. Carmichael on medical reform, we find that we have misunderstood the sentiments of that gentleman on one very important point. Mr. Carmichael's plan *does not* interfere in any way with the right of the general practitioner to dispense his own medicines. Mr. Carmichael, in common with all who would increase the respectability of the profession, is desirous that the general practitioner should be paid for his attendance, but not for his medicines.

#### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

November 23, 1841.

JAMES COPLAND, M.D., in the Chair.

*A Case of Aneurism of the Ascending Aorta bursting into the Right Ventricle.* By THOS. J. BECK, Esq., Lecturer on Surgery at Sydenham College. Communicated by Dr. ROBERT LEE.

On examination of this after death, a communication was found to exist between the ventricles. The aneurismal sac, which resembled the finger of a glove, three-fourths of an inch in length, had burst at its extremity into the right ventricle. The author observes upon it as follows:—"It has been questioned whether the opening between the aorta and right ventricle was an original malformation, having the same probable origin as the opening between the ventricles, or whether this is the remains of an aneurismal sac; but from the history of the case, the situations of the openings, the extent and nature of the disease found around it, being the same as is found around other aneurismal sacs, the latter appears the most probable conclusion, which is considerably strengthened by a reference to the cases detailed by Mr. Thurnam, in the twenty-third volume of the 'Transactions' of the Society, and from an examination of the preparation."

*On the Structure of the Human Placenta.* By JOHN DALRYMPLE, Esq., Assistant Surgeon to the London Ophthalmic Infirmary.

In the early part of the present year the author having pursued some anatomical investigations into the structure of the human placenta at term, and having made several drawings of the injected capillaries of the tufts, afterwards had an opportunity of seeing the copies of Weber's drawings, given in the "*Icones Physiologicae*" of Wagner, and transferred to the pages of Dr. Willis's translation of the latter author's *Physiology*. The resemblances of the present drawings to those given by Dr. Willis were so striking, as to go far of itself to prove the correctness of both draughtsmen, and to corroborate the views entertained by Weber of the anatomical conditions of the organ. They differed also from the engravings of Dr. Reid (given in the January number of the "*Edinburgh Medical and Surgical Journal*" for 1841), inasmuch as no where could be seen an artery and vein running, side by side, forming an apparently single vessel, though with a double tube, and terminating abruptly in blunted extremities, where the anastomosis took place between them.

First. It appeared from Mr. D.'s observations that the placenta was made up of the innumerable subdivisions of the umbilical vessels terminating in beautifully coiled and convoluted capillaries, which formed tufts or bouquets of vessels, clothed by a prolongation of the endochorion, derived from the fetal surface of the organ.

Second. That no where did a division of an umbilical artery terminate otherwise than in a branch of the umbilical vein; and each branch as well as tuft of vessels was covered by a prolongation of the before-named membrane.

Third. That each tuft was, in fact, a real villus, the endochorion being covered externally with an epithelium-like tissue, having nucleated cells and corpuscles.

Fourth. The uterine surface of the placenta is covered by the decidua, which does not appear to enter further into the structure of the organ than between the lobules, and the depth to which it thus penetrates varies with the depth of the fissures.

Fifth. That fibrous bands stretch from the fetal to the placental surface of the organ, giving firmness and support to the vessels.

Sixth. That there are no defined cells in the placenta, but that the nutrient fluids of the mother are poured into the interstices of the tufts, which are not bound or connected together by a common cellular tissue.

Seventh. That on the decidual surface of the placenta are thinly scattered here and there blunt conical papillæ, about a line and a half in length, made up of innumerable coiled and contorted capillaries. Query? Are these the analogues of the fetal cotyledons of the ruminants?

From these observations, which were given in minute detail, the author has attempted to simplify the functions of the human placenta. He observes, that in the incubated egg, in consequence of the non-connection between the embryo and parent, a nutrient or respiratory organ is indispensable, and hence the more complicated system of vessels. That in the oviparous vertebrata, the vitellary sac, and the omphalo-mesenteric vessels, represent the placenta of the mammalia, which is the absorbent organ of the fœtus; but while, in the one case, the nutrient materials of the mother, already aerated by her lungs, are conveyed by the uterine arteries for absorption and nutrition of the embryo; in the other, the materials of the blood are absorbed by the folds of the vitelline sac, and conveyed through the circulation of the young bird, requiring, however, contact with oxygen for a second circulation. Hence a new membrane, or one that is persistent up to the time of inde-

pendent respiration, namely, the allantois; and hence, also, the more complicated system of its vessels. The allantois, as a respiratory membrane, exists only as a rudimentary organ in mammalia; and the function of the placenta being solely that of nutrition by already-oxygenised materials, the cord contains only a simple system of incurrent and excurrent vessels.

## ACADEMY OF SCIENCES, PARIS.

November 22.

*Alleviation of the Consequences of the Operation for Squinting.* By M. GUERIN.

The prominence, deviation, and loss of motion of the eye, which occasionally happen after the operation for strabismus, depend, according to M. Guerin, on the following causes:—

1. Because the tunics and fasciæ of the eye have been detached too freely from the surface of the organ.

2. Because the muscle which has been divided presents one of the following conditions: the muscle has become strongly adherent to the globe of the eye, or to the sub-conjunctival fasciæ; the posterior end of the muscle has become attached to the back part of the globe; or, finally, the posterior portion has neither united with the anterior one or with the eye. The enumeration of the above causes, says M. Guerin, is sufficient to indicate what must be done for their removal; thus, if a muscle remain too long we must shorten it; if it has contracted irregular adhesions, we must destroy them, &c.

In illustration, the author relates a case, the principal features only of which can we notice. A young lady, eighteen years of age, had been operated on in the country for double convergent strabismus. The effects of the operation were, that the eyeballs became very prominent and strongly everted; the power of bringing the eye inwards towards the centre was completely lost. The surgeon endeavoured, but in vain, to remedy these defects by dividing, and even resecting, the external rectus muscle. Five months afterwards the patient was placed under the care of M. Guerin, who succeeded in palliating the evil by the following operation. His first care was to separate completely all the fibrous bands and adventitious substances which confined the eyeball in its everted position, and to draw it with a hook into a natural position; this done, he exposed the internal rectus muscle, and after great difficulty discovered the posterior portion, which had become retracted within its sheath; the orifice of the sheath was enlarged, and the extremity of the muscle drawn forwards with the forceps, and placed in contact with the sclerótica. In order to keep the eyeball from becoming everted, until the body of the internal rectus had united with the sclerótica, two small ligatures were passed through the sub-conjunctival fasciæ, and attached to the dorsum of the nose; the rest of the dressing was that commonly employed after the operation for strabismus.

On the following morning the ligatures were accidentally detached, and the power of moving the eye internally was in part restored; finally, in eight days the form, position, and motions of the eye were nearly restored to their natural state, the power of abduction being slightly diminished. The same operation was repeated soon afterwards on the other eye with the same success.

## ACADEMY OF MEDICINE.

December 7.

FOREIGN BODY IN THE AIR TUBES.

M. A. Berard read a report on a communication relative to a foreign body, which had remained in the air tubes for nine months, without occasioning any



accident, and was expelled spontaneously at the end of that period; on examination, it proved to be a cherry-stone encrusted with calcareous matter. The *acta curiosa*, said the reporter, contains the history of a case in which a similar body remained for twelve months in the air passages. The author of the paper thought that the cherry-stone had remained in one of the ventricles of the larynx, from the circumstance of its not having excited any cough; but M. Berard was of opinion, that the absence of any accident showed that the foreign body had lodged in the back of the mouth or pharynx.

In a discussion which followed, M. Gerdy observed, that although foreign bodies in the air passages generally excite cough, and give rise to symptoms of suffocation, yet several exceptions to this rule have occurred. Thus, Desault once passed a tube into the trachea by mistake, and only discovered his error when he had injected a quantity of broth into the air passages; the instrument had not excited the slightest cough during its introduction. M. Gerdy thought that dyspnoea and cough were not necessarily connected with the presence of foreign bodies in the air passages, except while those bodies are traversing the aperture of the glottis.

M. Rochoux related the following case, which had come under his own observation. A carpenter, while taking his soup in a great hurry, swallowed the portion of string by which the leeks are tied together; he was seized at once with cough, and accesses of suffocation. These gradually disappeared, but a new train of symptoms set in; these continued for eighteen months, and assumed all the appearance of pulmonary consumption. The string, however, was spit up during a violent fit of coughing, and the man soon recovered.

#### EXTIRPATION OF A FIBROUS TUMOUR OF THE BODY OF THE UTERUS.

M. Amussat exhibited a fibrous tumour, which he had removed from the body of the uterus of a woman fifty years of age. The tumour was situated in the interior wall of the organ, was completely enveloped in the muscular tissue, and had given rise to frequent hæmorrhage, by which the patient had been much reduced. The anterior lip of the os tinæ was very large; the posterior one thin and small.

MM. Recamier, Amussat, and several other physicians, having decided on the nature of the disease, the operation was performed on the 29th September, in the following manner:—The anterior wall of the neck of the uterus was first divided by a crucial incision; this enabled the operator to fix the double hook (*pincées Museux*) on the lower portion of the tumour, which was thus exposed; the tumour was now drawn downwards, and by placing the hooks in different portions of it, as it was successively detached, and making traction, the whole tumour was at last enucleated from the walls of the uterus; some symptoms of phlebitis supervened, but soon disappeared, and the patient is now (two months after the operation) in a state of excellent health.

M. Amussat also exhibited a somewhat smaller tumour of the same kind, which he had removed last year from the posterior wall of the uterus of a woman forty-seven years of age. This patient is now perfectly well.

When tumours of this kind, said M. Amussat, exist in the walls of the uterus, we have an almost certain means of diagnosing them, by passing a catheter into the os uteri; the depth to which the instrument penetrates will indicate the change that has taken place in the size of the uterine cavity, and assist us in determining its cause. When the tumour is very large, the surgeon may simply incise the envelope which encloses the fibrous tumour, and leave the rest to nature; expulsive pains soon set it, and separate it from the surrounding tissues.

In illustration of the above case, M. Begin men-

tioned the history of a woman who had been admitted three or four years ago into the Strasburg hospital, with a fibrous tumour which completely filled the vagina. After considerable traction, the tumour suddenly escaped like a cork out of a bottle, and as there was no trace of pedicle on its surface, M. Begin conceived that it was a fibrous tumour of the uterus, which had burst its envelope and escaped into the vagina.

### THE POOR LAW COMMISSIONERS AND THE TENDER SYSTEM.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—I have frequently read with regret the letters and remarks in the "Provincial Medical and Surgical Journal," and in other medical periodicals, since the passing of the New Poor Law Amendment Act, against the system pursued by the poor-law commissioners and the guardians, in appointing medical officers to the districts in the various unions formed since the act came into operation, and I often wonder why it is, that the Provincial Medical and Surgical Association should be so anxious for an alteration or repeal of this act; for I have not been able to discover in it any clause that in the slightest degree relates to the medical profession; nor do I recollect of ever reading, or hearing, of any act of the poor-law commissioners, or guardians of any union, towards the members of the medical profession, that should tend to degrade them, or that should render the poor-law commissioners deserving the censure passed on them by your various correspondents. I certainly have heard of persons calling themselves medical men, accepting of tenders, and promising to cater for the paupers at about a penny per head; this is considered by many to be lowering the professional character; but this is the act and deed of the individual himself, and not of the poor-law commissioners; they have sins of commission enough to answer for, without this crime of degrading the medical profession being added to it.

One of the principal objects of the Provincial Medical and Surgical Association was, I understood, the maintenance of the honour and respectability of the profession; this I hope they will do, and not ask the poor-law commissioners to do it for them. I have been led to make these remarks on reading the report of the poor-law committee, and the account of the meeting of the Provincial Medical and Surgical Association, held at York, in August last, in which I find the following statement:—"The first business was the reading of the poor-law committee report, which first alluded to the continual abuses still remaining under the poor-law system, such as the tender system, and the present plan of parochial appointments, with the remuneration attached, all of which fully attested the unfitness of the present commissioners to interfere in medical matters."

This is a reflection on the poor-law commissioners, in my opinion, quite uncalled for, and not merited by them; I see no clause in the Poor-law Amendment Act giving the said commissioners an extraordinary power over the medical profession, nor do I remember ever seeing any rule or order sent out by them at all calculated to injure or degrade medical men or the profession; on the contrary, all the rules and orders circulated by them, I think, are calculated to keep up its dignity rather than to degrade its members; in one of their reports I find the following paragraph:—"In regulating the appointments of medical officers within the new unions, we have acted on the presumption, that by the words of the act (that the medical officer shall be a person duly licensed to practise as a medical man) it was intended to include equally physicians, surgeons, or apothecaries, duly licensed to practise as such."



With respect to the general professional qualifications of the medical men who come within the words of the act, we have relied on the diplomas of those who are charged by the legislature with the duty of examining the qualifications of the candidates for practice, being assured that the recent improvements in medical practice and education are such as in general to render [the later diplomas, certificates of a degree of competency equivalent to such practice on the part of those who have had an earlier education; under these circumstances we have considered that the interests of the public, and of the profession itself, were the least served by keeping the situation of medical officers in the new unions open to the competition of the whole body of medical practitioners. Instead of attempting to fix the price of the services of the medical practitioner for the union, we deemed it the most advantageous that each practitioner should fix the price of his own services under competition." Now there is nothing in this paragraph that I can discover calculated to degrade the profession, or to lower it in the estimation of the public; nothing could be more candid and honourable on their part. The poor-law commissioners have no more to do with the appointment of medical men to the various union districts, than the council of the "Provincial Medical and Surgical Association" have; this power is, I think, very wisely delegated to the guardians; they are the persons most likely to know the nature of the wants and the necessities of the paupers in their own immediate neighbourhood, and to be the best able to judge of the fitness and qualifications of those who may offer themselves as medical candidates. I know that the appointments made by the boards of guardians are not valid, till confirmed by the commissioners, but I don't believe that their confirmation is ever withheld, or that they ever interpose unless there is some very good ground for it, such as medical men in the neighbourhood of a union combining together to prevent competition, or their offering resistance to the appointment made by the guardians. There certainly can be no objection to the mode adopted by the guardians in obtaining medical men for the union districts, by throwing it open to competition, and the making known their wants, by advertising, and their advertisements are generally headed to *legally qualified medical men*, which is a proof that they will treat with none but regular men. This mode of obtaining medical men is not peculiar to them; all public institutions requiring medical or surgical aid do it, and by so doing they frequently bring into note men of talent, that otherwise would never have been known, and the public deprived of their skill and usefulness. Were the guardians to give the situation of medical and surgical attendant to any particular individual in the district, they would then, most probably, be accused of favouritism or jobbing, or as the Tories would call it Whiggery; in pursuing the course they have, the guardians are following the example of the trustees of all the large hospitals; only the one, I believe, appoints; the other elects; and most of us know the manœuvring that goes on when a medical or surgical vacancy occurs in any of the charitable institutions; and what stratagems are had recourse to on such occasions, in getting new subscribers, in order to make votes for the different candidates; and in many cases these new guinea subscribers have more to do with the success of the elected man than his professional acquirements. Now, I never heard of any complaint being raised against this system, and I think if the Provincial Medical and Surgical Association had petitioned Parliament on the subject, or consulted any learned sergeant of the law, as to the means to be adopted to prevent it, I should have heard of it. I certainly have never heard of any blame being attached to those eminent physicians, or the skilful surgeons who daily give so large a portion of their valuable time to the public hospitals and dis-

pensaries; this is very laudable, and is, no doubt, disinterested on the part of those learned gentlemen; but we all know the object they have in view; it is to get practice; and they also know that generally this is the high road to fame and notoriety; and by this notoriety they get patients and attract, to the different hospitals to which they are attached, patients who are not the most needy, and invite others there who could afford to pay, and would pay, a trifling fee to their more necessitous professional brethren; this is done to a great extent in cities and large towns, and is very injurious to the junior general practitioners. If the Provincial Medical and Surgical Association would suggest some plan to prevent this, they would be serving the younger branches of the profession, and be benefiting those institutions which have been the stepping stone to honour and fame of many a physician and surgeon; but such conduct obstructs the progress of others to it. If a young man who has just entered the profession, with ample testimonials of his skill and ability, choose, and in order to exercise that skill for the benefit of his fellow-creatures, by contracting to attend the paupers in a union district at a small sum per head, or at a very small amount for the whole number, in order to remunerate himself for horse-hire, medicine, &c., he is directly accused of acting unprofessionally and degrading the medical profession. The Provincial Medical and Surgical Association are not content in using all their influence to prevent this, but application is made by them to a learned sergeant to frame a clause, to be inserted in any bill that may be brought before the legislature to amend the present poor-law system, for the purpose of preventing a young practitioner exercising those talents that have cost him so much time and money to acquire; and the learned sergeant was moreover expected to support it in the House of Commons, and no doubt his powerful talent would have had its weight, if he had been there. The party, who are so anxious for suppressing this mode of obtaining a practical knowledge of the profession, will now have to look out for another advocate in the House of Commons; but before they do so, I hope they will bear in mind, that the young men who are thus acting are legitimately pursuing the path to fame and notoriety; and there are many old practitioners, who are in self-defence obliged to tender and contract, and think it no derogation; we know their motive is not the same as the junior practitioner; they do it to prevent another coming into their neighbourhood, who would interfere with their practice.

I hope I have said enough to prove that the poor-law commissioners are not to blame; they have nothing to do with the terms of the medical and surgical contractors. The boards of guardians are the guardians of the purses of the rate-payers, as well as of the paupers; and they are bound to procure the best medical and surgical attendance for those who may require it, at the lowest possible rate. I should like to know who was to blame in the case mentioned by Mr. Brame, of Lowestoft, in your Journal for Nov. 27—the medical man that sent in the lowest tender or the party that accepted it? The medical man who contracts to attend the paupers of any union at a low rate, or at a small sum per head, for the purpose of professional employment, and to introduce himself to the notice of the public, is not, in my opinion, degrading himself or the profession. If he does it, it is his own act, and not the poor-law commissioners. I wish it to be understood that I am not an advocate for the system of contracting and tendering; I am only anxious to show that the commissioners are not deserving the scandal and opprobrium heaped on them by some of the medical journals, and many members of the profession.

I well know that there were great abuses in the medical department under the old poor-law system; medical men were then in the habit of making shameful charges, and sending in very heavy bills every



year to the parish officers; in many cases the parish practice was the best and most profitable part of a country surgeon's practice. I admit it would be much more honourable and respectable on the part of the guardians, were they to fix a fair remunerating sum, according to the number of paupers and the size of the district; and I think such a plan is practicable. The competitors for the situation would then be on an equal footing, as to the emolument to be derived from the office. Should you consider these observations suitable for the Provincial Medical and Surgical Journal, your inserting them in an early number will oblige your obedient servant,

GEORGE KING.

Bath, Dec. 8th, 1841.

\*\*\* We give insertion to the letter of Mr. King, as a matter of curiosity. A defence of the poor-law commissioners, and of the tender system, from the pen of a medical man, is really a *phenomenon*. For a refutation of Mr. King's arguments, we have only to refer to the poor-law report of the provincial association, the concluding portion of which is contained in our present number.—Eds.

### THE TENDER SYSTEM.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—I greatly regret that I am compelled to occupy the pages of your valuable Journal, with matter of so little worth to the profession at large, but I cannot allow Mr. Chalk's explanatory letter to pass over, without explaining away the errors it contains. I think, gentlemen, the simple fact of my not replying to Mr. Vale's inquiry, is a sufficient proof that it was not the *person*, but the *system*, which I attacked; and as I have always lived on terms of friendliness with my medical brethren, regret that any thing should occur to break that bond of union which has subsisted amongst us. Mr. Chalk observes, that upon the resignation of the late medical officer, "an advertisement was subsequently put forth, and an active canvass took place by four candidates," including myself in the number. I beg distinctly to state, that the steps which I took towards obtaining the appointment were effected long before the appearance of that advertisement, which announced that the election should take place by tender. Mr. C— goes on to observe, "so strenuous was he in the cause, that he not only canvassed, but sent to all the guardians and directors a note," &c.; and that "after all this extraordinary exertion, he withdrew himself from the contest. Whether he was suddenly disgusted with the tender system, or found that he had not sufficient strength, I cannot say." To be as concise as possible, I would remark that, owing to the solicitations of my friends, some of whom possess considerable influence at the "quarterly board," I did send a circular, &c., to some of the directors and guardians; but "so strenuous was I in the cause," and so "extraordinary" were my "exertions," that I personally "canvassed"—not all, but, to the best of my recollection, only one of the directors or guardians. You must bear in mind, gentlemen, that up to this period I was unaware that the election would take place by tender; and as soon as I ascertained this circumstance, I went so far as to inform one of the candidates that I had declined the contest. My disgust towards the tender system arose from no sudden impression, for at a similar election, some few years ago, I then refused to "seek office," on account of the method employed. As to my not having "*sufficient strength*," I must take leave to say that I have been longer established in this, my native parish, than the gentleman who has undertaken the respon-

sible office of a medical attendant upon the poor, resident in eight parishes, at the salary of £16 per annum.

Having handled the subject as *tenderly* as circumstances would admit, believe me to remain, Gentlemen,

Your obedient servant,

SAMUEL S. BRAME.

Lowestoft, Dec. 14, 1841.

### REMUNERATION OF GENERAL PRACTITIONERS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—In your periodical for the 4th of December, I observed a letter from Dr. Tunstall, on the propriety of medical practitioners taking certain fees in lieu of charging for their medicine. I perfectly agree with Dr. Tunstall in all he says so far, but differ with him in his suggestion for turning the whole of the dispensing over to the druggists. For, in the first place, it would be attended with great inconvenience, and send every patient in the country to a druggist's shop, often many miles distant; and, secondly, we could not always depend upon the accuracy of their dispensing and the quality of the drugs. The best and most honourable way would be to charge fees and supply the medicine gratis. And, in order that all parties might have medical aid, the fee should range from half-a-crown to two guineas for each attendance, surgical operations excepted. Such fees to be made legal, and recoverable by Act of Parliament. This plan would meet the circumstances of all grades of society; nor need any body complain of the charge, for it would be easy for the patient to ask "What is your fee?" or for the surgeon to say my fee is so and so, thereby giving the patient the option of going to one whose fee was less.

Your obedient servant,

W. JOHNSON.

Watlington Cottage, Dec. 14, 1841.

### NEW EDITION OF MÜLLER'S PHYSIOLOGY.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—May I beg the favour of the insertion of a few lines, in your widely-circulated Journal, in the hope that they may reach the glance of the able translator, or publisher of Müller's Physiology? In common with many others, I subscribed for that work, when the first part appeared; since then, and previous to the publication of the last part, a second edition of the first vol. has been issued, with, I observe (from the references and errata in last part), considerable additions, and of course, improvements. Whilst gladly congratulating those gentlemen on its extended sale, I would appeal to their justice and liberality, whether those who subscribed at the beginning should, in consequence, possess a less valuable copy, and whether the improvements in question might not be furnished separately, or the spirit of them, in an appendix, with the last part, to the early subscribers; as one I should cheerfully be at additional expense, to possess the best edition of so valuable a work, and should not now complain, had the work been completely published, however soon a new edition might appear; but in the present instance, should the above suggestion not be complied with, in the absence of any fault on our part, we shall each possess an inferior edition.

I am, Gentlemen, yours faithfully,

S. KNOTT.

Newcastle-on-Tyne, Dec. 11, 1841.

REPORT  
OF  
THE POOR LAW COMMITTEE  
OF THE  
PROVINCIAL MEDICAL AND SURGICAL  
ASSOCIATION.—1841.

(Continued from page 229.)

§41. Having now described the principal provisions of the measure, which your committee, after a long and anxious consideration of the subject, recommend for the support of the association, it appears necessary to notice an objection which has more than once been urged against these clauses—namely, that the minuteness of their provisions, and their general air of complexity, unfit them for the consideration of Parliament.

Strongly impressed with the advantage of producing a simpler measure, and fully aware of the difficulty attending any attempt to define the remuneration—preferring also a judicious system of administration to legislation on matters of detail—your committee could have wished that Mr. Sergeant Talfourd's original clauses had been cordially and promptly supported by the whole profession. Under such favourable auspices, there would have been a reasonable prospect of their ultimate enactment. It was the denial of this general and vigorous support which led to the construction of the present clauses; and, however undesirable their length, repeated trials have convinced your committee of the utter futility of all attempts to determine, by one or two brief propositions, the various particulars of parochial remuneration, *on the principles indicated in the Report of the Parliamentary Committee.*

Therefore, until a simpler and yet equally complete measure is produced, your committee are warranted in assuming that the details of the question cannot be fairly settled on any other plan.

It is surely not at all surprising that a bill, which provides for the medical relief of more than a million sick persons annually,—affecting too the duties and interests of nearly 3,000 practitioners,—cannot be compressed into fewer than ten or twelve clauses.

§42. To return from this unavoidable digression, the amended clauses were forwarded by Mr. Sergeant Talfourd and Mr. Wakley to Lord John Russell, on February 19th, with an intimation that more importance was attached to some of the propositions than to others, and with a request that his lordship would inform them whether he would consent to introduce all or any of the clauses into the Poor-law Bill.

It appears that no direct reply to this application was ever received. But on March 8th, in the House of Commons, Mr. Wakley again inquired the intentions of government, when his lordship is stated to have replied, "that he had been informed, that great improvements had already been made in the administration of medical relief under the authority and inspection of the guardians (query, commissioners?); and he thought it would be much better to leave it under *such improving care*, than to make it the subject of a special legislative enactment."

This decided expression of his lordship's opinion left to the parliamentary advocates of the profession no alternative, but to place such of the clauses, as they might think fit, upon the notice book of the House of Commons.

When, however, the period arrived for this proceeding, Mr. Wakley, although in professed co-operation with Mr. Sergeant Talfourd, hesitated to propose any of the clauses agreed upon by the delegates of the medical associations.

His opinion, as stated to Sergeant Talfourd, was, that some general clause, merely determining the

rate of remuneration, might be advantageously substituted.

The event proved that Mr. Wakley objected not only to the form, but also to the principle of the measure; for, in his own propositions, the outline of which soon appeared among the notices of motion on the Poor-law Amendment Bill, he consistently adhered to the plan he had always advocated—namely, that the sick paupers should be allowed to apply to practitioners of their own choice.

Whatever might be the advantage of such an arrangement, it would be incompatible with the appointment of medical officers to parishes or districts by the boards of guardians. Involving no responsibility to the authorities at present entrusted with the administration of relief to the poor, it is irreconcilable both with the clauses prepared by your committee, and with the recommendations of the parliamentary committee, the medical witnesses, and the poor-law commissioners.

For these reasons, it is most unlikely to be either sanctioned by Parliament, or adopted by the existing authorities.

The announcement of Mr. Wakley's plan, and its favourable reception by the British Medical Association, have clearly indicated the failure of the protracted attempt of your committee to obtain the co-operation of that section\* of the medical profession. With reference, therefore, to future proceedings, experience seems to dictate that the Provincial Association should pursue an independent course, supporting such measures as appear best calculated to promote the rightful interests of the profession, and the welfare of the sick poor; and acting with other medical bodies, so far as their views may be found to harmonise with its own.

The government, having been understood to refuse assent to the leading feature of Mr. Talfourd's measure, and Mr. Wakley having taken his own course,† your indefatigable advocate placed on the notice book of the House of Commons a series of clauses, comprising the greater portion of those recommended by the delegates, but omitting the provision for a medical director, as well as the prohibition of "tenders," which last formed a part of Mr. Wakley's intended motion.

§43. No sooner were the clauses forwarded for the consideration of government, in February, than the central council, at the suggestion of your committee, proceeded to encourage appeals in favour of the principal provisions of the proposed enactment, and circulated extensively a brief form of petition, § which was very generally adopted.

There is reason to believe that, in consequence of this effort, a larger number of petitions were presented to Parliament than in any former session.

The council likewise sanctioned a concise "statement," embodying the most important facts and suggestions contained in this Report, which was submitted to several leading members of the House of Commons. At the same time, medical practitioners in many places brought the question under the notice of their representatives.‡

By these means, the favourable consideration of several eminent persons was obtained, or at least their opinions elicited.

Your committee can thus announce, that a conviction of the necessity of some established medical au-

\* P.S. The British Medical Association appear to have gradually approximated to Mr. Wakley's views, since 1838. See their letter to the poor-law commissioners in 1839, to Lord John Russell in 1840, and the report of their council in 1841.

† Mr. Talfourd most liberally left the circuit for two or three days, and proceeded to London, to confer with Mr. Wakley and Dr. Webster, on March 17th. But this interview led to no result.

‡ The energetic support received from the Cornwall Medical Association deserves particular mention.

§ This petition was first adopted by the Gloucestershire Medical Association.



thority at Somerset House, is on the increase among members of Parliament.

The communication of one gentleman, Mr. Poulett Scrope, here merits quotation, because he was on the parliamentary committee, in 1838, and gave especial attention to the medical inquiry.

He thus addresses Dr. Gooch, of Stroud, to whom your committee are indebted for much valuable assistance.

"My opinion is very strong in favour of the appointment of a medical commissioner, and, indeed, of several medical itinerant inspectors, whose duty it should be to test the drugs employed by, as well as the professional skill and attention to their duties of, the union medical officers. I will not yet give up the hope of seeing a medical commissioner appointed, *with a staff*, as I think such an officer would be most useful in many collateral ways—e.g., in inspecting the drugs, now so abominably adulterated, as sold in country districts, to the rich, as well as the poor, though, of course, the evil presses most upon the *latter*; in aiding the operation of Lord Normanby's Drainage and Building Bill, &c. &c."

Although your committee may not exactly agree with Mr. Scrope in every particular of his suggestions, they hail with satisfaction the expression of more enlarged views on this subject.

The medical "staff" which Mr. Scrope recommends, might be provided more effectually and economically, by the appointment of local medical assessors, proposed in the original measure of this association.

Of those members of Parliament, who favoured the association with a reply, the first and most distinguished was Sir Robert Peel, who assured your committee that he would "give the subject an attentive consideration before its discussion in the House of Commons."

Lord Sandon, as on a former occasion, expressed his general concurrence with the views of the association, but declined to pledge himself to details, until he had further considered them.

Sir Thomas Wilde, the Attorney-general,\* engaged to pay the utmost attention to the suggestions of your committee, and, if possible, to promote their objects.

Mr. Law Hodges evinced his entire approbation of the principal features of the proposed enactment, by giving notice of his intention to move for their insertion in the Poor-law Amendment Bill.

The propositions of Mr. Hodges and Mr. Sergeant Talfourd were perfectly consistent with each other, being, in fact, different parts of the same measure.

§ 44. There were thus no fewer than *three* distinct notices of motion before the House, with respect to medical relief: Sergeant Talfourd's, Mr. Wakley's, and Mr. Law Hodges'.

Such being the case, the central council, at the instance of your committee, empowered an able member of the association, resident in London, to act on behalf of his provincial brethren, with a view to promote some satisfactory settlement of the medical relief question, during the further progress of the Poor-law Bill.

This arrangement succeeded, as far as the peculiar circumstances of the session permitted. Mr. Law Hodges readily promised support to Mr. Talfourd's measure, and other parliamentary interest was secured; but the dissolution of Parliament necessarily arrested all further proceedings.

Your committee take this opportunity of expressing their hope, that a similar appointment may be made by the council at the commencement of the next session of Parliament, in order that prompt and effective measures may be adopted "to meet circumstances as they arise," and to advance the cause to which the association now stands pledged.

\* Sir Thomas Wilde was Attorney-general when this Report was read at York.

§ 45. Your committee have also to report that, in the month of February last, the president and council of the College of Surgeons were requested to afford their countenance and assistance, in procuring the enactment of the medical relief clauses.

They were reminded, that the influence which they possessed, individually and collectively, with members of Parliament would, if exerted in favour of the proposed measure, conduce no less to the interests of the college, than to the protection of the majority of its members.

In reply, the president and council promised to exert themselves, "in their individual capacity," to further the objects of the association.

[P.S. This engagement it should be observed, has been fulfilled, to the extent of urging on the commissioners the importance of regulating the qualification, and improving the remuneration, of union surgeons.\*

Nor does the college appear disposed to let the matter rest, until a satisfactory reform shall be effected.

Their recent activity on this subject is fairly attributable, in some degree, to the appeal from this association, and may therefore be regarded, both as an encouragement to future attempts at co-operation, and as an earnest of final success.]

§ 46. Your committee, unwilling to interrupt the preceding narrative of transactions, relating to the main object of their appointment, have hitherto refrained from noticing a highly important collateral question, which appeared to demand their interference during the last session of Parliament, and has ever since engaged much of their attention.

The act for extending the practice of vaccination, which came into operation immediately after receiving the royal assent in July, 1840, was the result, as is well known, of the valuable labours of the section appointed by this association to enquire into the present state of vaccination.

The Report of the council for 1839-40, contains so clear and concise an account of the origin and progress of the bill, that your committee need only refer to its objectionable clauses, which were no sooner publicly announced, than vigorous efforts were made to prevent their enactment.

In opposition to the suggestions of this association,† the conductors of the bill (Lord Ellenborough in the House of Lords, and Sir James Graham in the House of Commons) proposed to commit the superintendence of public vaccination to the poor-law authorities.

A comprehensive view of the subject would, in the opinion of your Committee, have indicated the necessity for a national board of health, to regulate this and other equally important matters affecting the physical condition of the people; or, if some existing institution were preferred, the national vaccine establishment, with an improved organisation and extended powers, would naturally have presented itself, as best adapted for the direction of national vaccination.

But, in an evil hour, Lord Ellenborough listened to those, who were desirous to subject all the sanitary regulations of the country to the control of the poor-law commission; and, in acting on this principle, he was supported by a majority of both Houses of Parliament.

\* See "Medical Gazette," vol. II., 1841, and Mr. Guthrie's Letter, *ibid.* p.

† The petition appended to the Vaccination Report, and presented by the Marquis of Lansdowne, contained the following recommendations:—

"That it appears to your petitioners to be the duty of the State to remedy this great evil by appointing regularly educated vaccinators, with suitable salaries, in districts sufficiently numerous to embrace the whole of the poor population of the country, and who shall offer gratuitous vaccination, at stated periods, to all within their bounds, keeping accurate registers of their proceedings, and communicating regularly with the national vaccine establishment."

The remonstrances of the great majority of the profession were unheeded, so long as the medical corporations and the heads of the vaccine establishment maintained an unbroken silence.

The supineness of the Royal Vaccine Board, whilst its legitimate functions were thus assumed by non-professional parties, may be explained by the fact, that this establishment is governed by the principal authorities of the London colleges, who have long been accustomed to regard with indifference all questions relating to the public health, and the general interests of the profession.

The Vaccination Bill contained a still more objectionable clause, which empowered the guardians to CONTRACT for a general vaccination of the community.

After the many and forcible objections to the system of contracting for the medical relief of paupers, which had been urged by the profession, and were admitted by the better-informed and more humane portion of society, it is indeed remarkable that the legislature should have sanctioned the admission of so vicious a principle into this enactment.

The bill, with these obnoxious provisions, was directly at variance with Mr. Sergeant Talfourd's propositions for an amended system of parochial medical relief, including professional supervision, and a fair scale of remuneration determined by Parliament.

The council of this association, consistently with its invariable support of these propositions, and at the suggestion of your committee, memorialised the government on the subject, and urged the insertion of a clause, directing the payment of a specific sum (2s. 6d.) for each person vaccinated under the proposed act. This amendment was not adopted, although Sir James Graham afterwards assented to a proviso for regulating the amount of contract, by the number of persons successfully vaccinated.

The bill went into committee on June 18th, when Mr. Wakley made a strenuous effort to substitute his measure, founded on the principle of permitting every applicant for vaccination to select the vaccinator, who was to be remunerated by a fixed charge, payable out of the poor-rates.

In this praiseworthy endeavour, Mr. Wakley was defeated by a small majority (56 to 39); but he succeeded in introducing two important amendments\* into other clauses of the bill, which soon afterwards became law.

§ 47. The operation of the act fully justified the apprehensions and predictions of your committee.

The poor-law commissioners at once proceeded to limit the ordinary remuneration of the district vaccinators to *eighteen pence* for each successful case.

Your committee are prepared to admit that, under the former poor-law, the payments for pauper vaccination did not on the average exceed the present inadequate amount. And it is certain that but few unions, under the new poor-law, afforded a higher payment than that now proposed by the commissioners.† Vaccination was in fact generally included in the gross medical salary; and to this circumstance, as well as to the negligence of the boards of guardians, may be partly attributed the increase of small-pox within the last few years.‡

It should, however, be remembered, that, prior to the Vaccination Act, the parochial or union authorities only contracted for PAUPERS, and for such of the

working classes as were considered too poor to pay for vaccination.

But, now, the privilege of gratuitous vaccination is extended to all, who choose to apply for it, without reference to their circumstances or station; and the amendment (so called) which has just received legislative sanction, has removed the pauperising tendency of the gratuity.

It cannot, therefore, be a matter of surprise that many who had been accustomed to pay their usual medical attendants, for vaccination, sums varying from half-a-crown to half-a-guinea, should avail themselves of the new act, and apply to the public vaccinators..

The reduction in medical remuneration, which the commissioners have thus effected, is severely felt, not only by the bulk of the profession, but also by the district vaccinators themselves, in consequence of their being required to furnish complicated weekly schedules, a quarterly registration of cases, certificates, and copies of register, which demand more than double the time and attention necessary for registration on a simpler plan.

Not that your committee object to the fullest returns being required from public functionaries, so long as an adequate compensation is awarded them; but surely it is absurd to term the paltry sum of eighteen pence "remuneration" for a successful case of vaccination, duly registered and reported.\*

Such parsimony must tend to frustrate the benevolent intentions of the legislature in passing the Vaccination Extension Act.

The unfitness of the commissioners for the important duties devolving on them, in consequence of this enactment, is manifest both from their omission of any provision for insuring a constant supply of fresh vaccine lymph, and from their absurd stipulation for the services of the medical contractor "whenever he is personally applied to at his own residence."

A medical director, at least if practically acquainted with the details of vaccination, and the mode of conducting "general practice," could not possibly have committed such egregious blunders.

While, however, your committee assert the incompetence of the commissioners, it is impossible to peruse their last (seventh) Report without feeling satisfied that they have endeavoured, to the utmost of their limited ability, to fulfil their new medical duties, and, at all events, have taken considerable pains to enlighten the guardians with respect to the theory and practice of vaccination.

The proceedings of the boards of guardians, with respect to this department of medical duty, were not less injurious than those of the commissioners.

Not satisfied with the general attempt to impose an eighteenpenny fee for vaccination, the guardians in many unions advertised for tenders; and, in some, literally offered the pittance of one shilling;—in others, even of sixpence, for each case.†

Nor were there wanting medical men who seemed eager to vie with poor-law commissioners and guardians in degrading their profession, by tendering their services at the lowest of the above rates.

In almost every locality the working of the Act has led to dissension and altercation, either between the guardians and resident practitioners, or among the latter themselves.

As respects the profession, therefore, the measure has proved one of injury, oppression, and degradation;

\* One of these amendments enabled the guardians to appoint any duly qualified practitioner, the bill having before restricted vaccination to union medical officers.

† In the Honiton union, only a few months before the passing of the Vaccination Act, the guardians advertised for medical officers, who were to receive one shilling for each case of vaccination, and were required to attend the paupers during its progress at their own houses!

‡ See Parliamentary Medical Inquiry (15,046 to 15,055).

\* Re-vaccinations, however successful, and failures, however numerous, are not paid for, although both these classes of cases have to be reported to the guardians.

† The guardians at Stockport offered 6d. per case, which was accepted by only one person, whom they appointed to the whole union, and afterwards raised his pay to 1s!

The guardians at Bradford offered 9d. per case; and at St. Matthew's, Bethnal-green, 1s., which was accepted! Tenders were sent in at Whitechapel to vaccinate for 6d. per case! and at Bridport for 1s!



while with reference to its professed object, it must be considered a failure.

The efforts of medical practitioners to extend vaccination among the working classes, have been checked by removing the ordinary inducements and facilities for its performance; and the distrust and apathy of the poor have been increased, by connecting this invaluable protection with the administration of the poor-law.\*

§ 48. In glancing at the operation of the Vaccination Act in Ireland, your committee are forcibly struck with the total inapplicability of the measure to the peculiar circumstances of that country; and with the extraordinary proceedings of the Irish poor-law commissioners, in carrying it into effect; proceedings which seem to be even more arbitrary and offensive than those adopted in England.

Gratuitous vaccination having been previously supplied by the medical attendants of the district dispensaries and infirmaries of Ireland,—any arrangements for the further diffusion of this benefit, might, with propriety and advantage, have been based on the system already established; the organisation of which, if defective, could have been improved.

But instead of pursuing a course so reasonable in itself, and so acceptable to the Irish profession, the English arrangements were forced on them, with this additional feature of injustice, that the payment per case was reduced to one shilling, if under two hundred cases, and to sixpence, if above that number.

Well might the Medical Association of Ireland indignantly adopt the bold resolution, "That such lower remuneration should not be accepted, there not being the slightest ground for treating the Irish medical practitioner, as if his services were less valuable than those of the medical practitioner of England."\*

\* It is remarkable, that only a few months before the passing of the Vaccination Extension Act, the government sanctioned a far superior system for the West Indian colonies. This plan reflects great credit on the executive authorities of Barbadoes, and might well have suggested some important hints to the legislature of the mother country.

RESOLUTION OF THE BOARD OF HEALTH.—BARBADOES, 1839.—"Whereas it is desirable that the inhabitants of this island should be protected against the infection of small pox, by the only known preventive—vaccination; and whereas the prevailing apathy and indifference, both as to the march of the pestilence, and the dissemination of its antidote, are general,.....notwithstanding the facility afforded by the establishment of local stations, and the attendance thereof of the faculty, gratuitously, to vaccinate all who may require it.

It is therefore deemed expedient by the board of health.....that vaccinators-general be appointed by his excellency the governor-general, in each of the several parishes of this island, whose duty it shall be to visit the houses and places of abode of the people of all classes within this island, and there to vaccinate all persons who may be presented for the purpose; and it shall further be the duty of such vaccinators-general to make at least three subsequent visits to all such persons as they shall from time to time have vaccinated, in order to witness the progress of the vaccination, and to determine on the success or failure of the same; and such vaccinators-general shall keep a journal, in which shall be recorded, in a tabular form, and entered daily, in a fair legible hand, a statistical account of every case that he shall have treated in the course of each day; a copy of which said journal, duly authenticated on oath before a justice of the peace, shall be forwarded by each vaccinator-general to his excellency the governor-general, and for every subject so returned on oath as having been successfully vaccinated, the said vaccinator-general shall receive, on a warrant from under the hand of the governor in council, directed to the treasurer of the island, the sum of 5s. currency, out of the public treasury of the island.

It shall be further the duty of the said vaccinator-general, in case of the refusal of any person or persons to receive vaccination, when the same shall be offered, to make an entry of such refusal in his journal, to be kept as aforesaid."

Colonial Office, Downing-street,  
February 10, 1840.

These resolutions having been submitted for the consideration of the lords of the committee of privy council for trade, by whom the sanitary regulations in this country are superintended, their lordships have stated that they approve of the appointment of district vaccinators in Barbadoes, and that they recommend the appointment of similar officers in the other West Indian colonies.

luable than those of the medical practitioner of England."\*

The result might have been anticipated. In the greater number of unions the most respectable members of the profession declined the appointment of public vaccinator; and the important duties of the office have, in consequence, fallen into the hands of inexperienced or inferior practitioners.† In some unions, the new act appears to be absolutely inoperative.

§ 49. Such being the actual state of public vaccination in England and Ireland, your committee strongly urge the association to endeavour to procure a thorough change of system.

The medical relief clauses afford a suitable opportunity for proposing such amendments in the Vaccination Act, as may be generally approved by the profession.

Your committee have inserted in the clause (L) a prohibition of "tenders" for vaccination; but it might also be advisable to add the original clause suggested by the memorial of the council to government (see § 46).‡

§ 50. Having referred to some of the medical arrangements of the poor-law commissioners in Ireland, your committee would, in the next place, briefly notice their mode of appointing and remunerating the medical attendants of the Irish workhouses.§

Undeterred by the general dissatisfaction and ill-success, which have attended their attempts to provide medical relief for the English poor, the commissioners proceeded on the same indefensible and mischievous principle—that of "obtaining medical attendance on the lowest terms,"—in the sister island.

[P.S. It appears from the Report of one of the assistant commissioners,|| that the cost of medical attend-

\* Report of their Council, "Dublin Medical Press," vol V., p. 342.

† For example, in the Ennistimor union, it is stated, in the "Dublin Medical Press" of last February, that the Guardians had previously paid £20 per annum for the vaccination of each district, an arrangement which appeared to give general satisfaction. The commissioners, however, annulled these appointments, and dictated the usual terms per case. The medical residents unanimously declined the offer; and, indeed, any remuneration lower than 2s. 6d. for each successful vaccination. Two apothecaries offered to vaccinate for 1s. 6d. per case, but neither physician, surgeon, nor apothecary could be found to undertake the duty at the commissioners' terms.

‡ An itinerant propagator of the small-pox was, however, ready to supply the vacancy; and unless the commissioners have since refused assent to his appointment, he is now in office.

The following is stated to be a verbatim copy of his tender:—

"To the Right Honourable the Board of Guardians, Ennistimor.

"I promise and propose, faithfully and without any failure, to vaccinate—that is to say, I will cut with cow-pox, according to the act, all persons who have not been vaccinated, no matter in what part of said union.

"I engage to do it in the most durable manner; and I will use the strongest infection fresh from the cow, or the genuine mahogany scab.

"I can get many gentlemen in the country for whom I did business, to certify for my experience and competency; and I am prepared to answer all questions concerning the variolous and small pox infections, as well as the vaccination.

"I also engage to do all for one shilling a piece, and at their houses too. I never get less, nor will I take less than it."

§ Your committee may perhaps be expected to express some opinion respecting the clauses recently proposed for insertion in the Vaccination Act Amendment Bill, by Mr. French, on behalf of the Irish Medical Association. Suffice it, however, to say that, if the adoption of those clauses would have abolished "contracts and tenders" for vaccination, and if they were calculated to provide an adequate remuneration proportioned to the amount of duty performed, they ought to have been generally supported by the friends of the profession in Parliament.

|| The Irish poor-law provides no out-door medical relief, which, in most places, is supplied by the established medical charities.

|| Mr. Phelan.



ance on the inmates of workhouses varies from 10d. to 2s. 8d. per head per annum, the average being nearly 1s. 5d.; also, that in the North Dublin union, where the remuneration is above the average (viz. 2s. 1d. for each inmate, or £10 10s. for each 100 inmates), 5,750 cases were attended in 16 months, the total cost of medical relief during that time being £280, which affords an average of less than 1s. for each case of illness and accident!

Further proof of the absurd inadequacy of the medical salaries in Ireland need scarcely be adduced.

From several returns in the possession of your committee, the usual rate of remuneration, including medicines, &c., for English workhouses, appears to vary from £15 to £20, for every 100 inmates; rather less in the metropolis, and more in the country.

Mr. Farr had calculated that the number constantly sick in workhouses was a little more than 10 per cent; and he recommended that the salary should be computed at £4 per annum (medicine £2, and advice £2) for each person constantly sick, which would amount to £40 for a workhouse, containing 100 inmates. The clause (F) proposed by your committee, would not raise the salaries quite so high, but would afford from £22 10s to £30 for every 100 inmates.\*

These facts and estimates show that the pay of medical officers in Ireland is decidedly lower than in England; and that were the clause recommended by this association to be enacted, the present amount of Irish workhouse salaries would, on the average, be more than doubled.

The poor-law commissioners, in refusing to sanction the proposal of the guardians of the South Dublin union, to increase the remuneration of the workhouse medical attendants, manifest a determination to adhere to the early characteristics of their miserable system.

Sir H. Marsh and Dr. Cusack, two of the most eminent medical men in Dublin, after deliberately investigating the case, at the request of the guardians, have arrived at the conclusion that the salaries are wholly inadequate. The commissioners nevertheless persist in refusing assent to any increase. They even propose still further to degrade the profession, and to injure the sick poor, by substituting one "medical officer" for the physician and surgeon, who are now jointly charged with the laborious duties of the appointment.†]

§ 51. Your committee now turn to the *present* state of the administration of medical relief in England and Wales.

In September, 1840, the commissioners stated, in reply to an inquiry from the British Medical Association, that "they have hitherto perceived little disposition on the part of the boards of guardians, to adopt their recommendations."‡ And yet they hesitate to convert these recommendations into positive regulations!

The same disinclination of the guardians to amend their system is evident from the last (7th) annual Report of the poor-law commissioners.

It appears that a circular was addressed to the guardians in March last, inviting their attention to the previous suggestions of the commissioners, and inquiring as to the efficiency of the medical arrangements.

The replies from 117 unions (contained in that Report, p. 9) show that the guardians, as, on a former occasion, are for the most part perfectly satisfied with their own proceedings, and, in many instances, express their decided objection to any alteration.

In 48 of the 117 unions, the guardians state their opinion that the districts are "not too large;" in 8 or

9 only, do they profess to be ready to reconsider this point; in 60 they afford no information respecting the medical districts.

In 15 of the 117 unions, the guardians confess that the practice of advertising for tenders is still continued; in 12 only, have they discontinued it; in a few, it has never been adopted; but the majority of these unions make no return as to the continuance of appointment by tender.

A considerable number object to the "payment per case and pauper list," but without assigning their reasons.

It is highly improbable that the commissioners have selected the replies from these 117 unions to their own prejudice; it may therefore be fairly concluded that the remaining four-fifths of the unions in England and Wales would afford, to say the least, an equally unfavourable picture of the present medical arrangements.

The absurdity, then, of leaving the future administration of medical relief to the "improving care" of the guardians, is no less palpable than the necessity for legislative interference.

Your committee continue to receive information of medical districts so extensive as to incapacitate the medical officers for the proper performance of their duties, and to deprive the distant paupers of prompt relief; also of the selection of medical officers by tender, and of the appointment of imperfectly qualified practitioners.

One of the most flagrant instances of the "tender system" occurred (October, 1840) in the Greenwich union, where the disgraceful pecuniary competition, on the part of the numerous medical candidates,—and the low intrigue, on the part of the guardians, exhibit in its worst aspect the "moral degradation"\* attendant on the system.

Other instances, recently recorded in the medical journals and provincial newspapers, might, if necessary, be cited; but the Reports of the commissioners are quite sufficient to prove the continuance of abuses.

The same unexceptionable authority may be appealed to for proof, that no general increase has taken place in poor-law medical remuneration since 1837.

The total expenditure in medical relief for the year ending March 25, 1840, is stated at £171,781.

This would scarcely afford 2½d. per head on the population of 1831, and somewhat less on the real population of the year; while Mr. Farr showed that, in 1837, the ratio of medical salaries to the population of eight counties was 3¼d. per head.†

So with regard to the general expenditure for the relief of the poor in England and Wales, amounting to £4,756,965, the proportionate cost of medical relief in the same year was only 3.34 per cent;\* whereas, in 1837, the proportion was calculated by Mr. Farr at 3.6 per cent.‡

\* See "Lancet," p. 160, vol. I., 1840—41. An article in the "West Kent Guardian" (Oct. 10, 1840), on this transaction is well worth perusal.

† Appendix to Parliamentary Inquiry, p. 141.

‡ This is, probably, a little below the real sum, for the commissioners have failed to ascertain the expense of medical attendance in 239 of those parishes, not yet in union under the new poor-law.

It is worthy of remark that, among all the statistical tables and returns, published by the commissioners in their annual Reports, there is not one which furnishes the actual number of unions already formed (specifying their names), their total population, and total expenditure for the relief of the poor.

The Appendix (F), to their 7th Report, gives the amount of expenditure, under separate heads, in each of 606 unions and incorporations; but without mentioning the sum *total* of their expenditure, or their population.

In the 5th Annual Report, Appendix, p. 178, the number of unions declared up to May 1, 1839, is stated to be 587; and their entire population 11,751,437.

Although the names of these unions are not mentioned, it is probable that they are all included in the above 606; as are also two unions, formed since May, 1839, with a population of 29,717—namely, Lanchester and Sedberg (6th Report).

\* See table of workhouses, Appendix to Parliamentary Evidence, p. 147.

† See "Dublin Medical Press," vol. VI, pp. 106, 143, 254, and 300.

‡ See Lancet, vol. I., 1840—1841.



§ 52. Your committee, in taking leave of the last report of the commissioners, would express their regret that these gentlemen should be so deeply imbued with utilitarian prejudices, as to apprehend evil consequences to society at large, from the establishment of a more "complete and effective system of medical relief" for paupers.\*

They fear, to quote the words of their Report, lest the "superiority of the condition of the pauper over that of the independent labourer, as regards medical aid, will encourage a resort to the poor-rates for medical relief, and will thus tempt the industrious labourer into pauperism." A clearness of moral perception, and a firm conviction that no injury to society can result from practically adhering to the great principles of justice and humanity, would speedily have dispelled such needless alarms.

But, even on the ground of expediency, the commissioners might have satisfied themselves that the superiority of the medical relief afforded to the poorest class of society must tend to elevate that procured by the class immediately above them.

It is evident that a numerous body of highly educated medical practitioners, dispersed throughout the country, must create, among all classes, a corresponding demand for the best medical advice.

That portion of the labouring classes which can afford to remunerate the medical attendant of their choice, on a scale equal, at least, to that proposed by the profession for attendance on paupers, will be able to secure equally effective aid; for there are few medical practitioners, who would not prefer attending such parties as independent patients, even at the payment per case recommended for paupers.

Such of the poor, on the other hand, as cannot afford even this moderate payment, ought, without any hesitation, to be adequately provided for, in case of sickness, by the public.

To encourage an inferior order of medical attendants, by "throwing" the greatest possible proportion of the industrious classes, "on their own resources," would in the end prove an infinitely more serious evil to the community, than a slight temporary increase of poor-rate expenditure.

§ 53. The anomalous relations, subsisting between the authorities constituted under the Poor-law Amendment Act and the medical profession, have recently extended to several collateral questions besides the Vaccination Act, and are yearly becoming more numerous and complicated.

This consideration should stimulate the Provincial Association to re-doubled vigilance with regard to future legislative measures.

It is worthy of observation that the poor-law authorities, within the last two years,† have been empowered to investigate and improve the sanitary condition of the working classes;‡ and that a strong disposition evidently exists on the part of government to confer

It is, however, impossible, except by laborious calculations from all their Reports, to say which of those 606 (besides Lancaster and Sedberg) constitute the above 589 unions.

Thus, the ratio of medical expenses to the population, and to the general expenses, does not appear on the face of the Report.

The commissioners' tables are not always to be depended on, for they show that the population of 592 unions (adding Liverpool, Manchester, and Reeth to the beforementioned 589) is 12,997,387; also, that the population *not* in union under the Poor-law Amendment Act is 1,713,156 (p. 31), and, consequently, that the grand total is 13,812,543, according to the census of 1831, whereas the real population of England and Wales amounted then to 13,897,187. What becomes, it may be asked, of the remaining 84,644 persons? And which of those 592 or 606 unions constitute the "583" which the commissioners mention (at p. 40), as if they were all the unions hitherto formed?

These deficiencies, discrepancies, and inaccuracies are highly discreditable to public documents, especially to statistical returns.

\* See their Report pp. 16 and 17.

† By the act 2 and 3 Vic. c. 71, § 41.

‡ See p. 43, 7th Annual Report of Poor-law Commissioners, and p. 70, of the Appendix.

on these functionaries additional powers for this purpose.

The commissioners have more than once recommended,\* and their suggestion has already been adopted to some extent, that the boards of guardians should be invested with functions, properly belonging to local "boards of health."

Now, although your committee are fully convinced of the urgent necessity for instituting sanitary boards, especially in large towns, they have the strongest objection not only to the delegation of such functions, whether directly or indirectly, to boards of guardians; but also to the subjection of any officers who may be charged with the care of the public health, to the control and authority of the poor-law commissioners.

With reference to this important subject, your committee would suggest that, in every populous town, and in every rural "hundred," a board of health might be formed, consisting of all the resident medical practitioners, or of some to represent the rest, together with other persons of education and intelligence, especially members of the clerical and legal professions.

The deliberations of these gentlemen might, in corporate towns, be aided, and their proceedings strengthened, by the ex-officio presence of the municipal authorities; and in the hundreds by that of the county magistrates.

At all events, these boards should be entirely independent of, and unconnected with, boards of guardians; and should even be empowered to revise and check any proceedings of the latter bodies, which might injuriously affect the physical condition of the lower orders.

Your committee would also remind the association, that the poor-law commissioners have proposed that county lunatic asylums should be controlled (in part, at least) by themselves and the boards of guardians, or else that power should be vested in the commission to combine a number of unions for the purpose of forming asylums to be appropriated solely for the reception of paupers.†

The latter proposition was embodied in a clause which originally formed part of the government bill for the further amendment of the poor-laws, but was not pressed for consideration during the last session.

It is highly improbable that the governors of county lunatic asylums will submit, without remonstrance, to the enactment of either of the above extraordinary propositions. And the influential opposition of these gentlemen would, probably, avail to decide the question. But your committee trust that the profession, also, will vigorously oppose the contemplated interference of poor-law commissioners and guardians in the direction of these noble institutions, and will protest against depriving the most unfortunate class of mental sufferers of the generous and humane protection which they now enjoy under a superior order of managers.

Again, by the 46th and 47th sections of the Irish Poor Relief Act, the duty of "inspecting and examining into the administration" of the medical charities of Ireland, has been committed to the poor-law commissioners. The inquiries accordingly made into the condition of the fever hospitals and dispensaries, have led them to suggest, that they should themselves be invested with the principal share in the management of these establishments.‡

In Scotland, also, the commissioners have been authorised to institute a sanitary inquiry.

Thus, in each division of the empire, the poor-law commissioners are found encroaching on the prerogatives, privileges, and duties of medical practitioners.

\* See Dr. Kay's evidence (Parliamentary Inquiry, 16, 674).

† See Mr. Gulson's evidence, Parliamentary Medical Inquiry (1785, 1798, 1807).

‡ See their Report (just published) on the medical charities of Ireland.

All classes of the profession should therefore unite in the demand for some protective enactment.

§ 54. On surveying the numerous plans which have been proposed for improving the medical police of this country, your committee are impressed both with their diversity, and with the little progress hitherto made in arriving at any satisfactory conclusions on the subject.

The members of this association seem therefore called on to devote increased attention to this momentous question, in all its ramifications, and to spare no efforts to obtain a revision of the present defective arrangements, with a view to promote the physical well-being of the community, through the instrumentality of the medical profession.

Although your committee might feel disposed to recommend some general measure, for regulating the various departments of public hygiene, they consider that the present duty of the profession is limited to a narrower field, and that it would be unwise to neglect the opportunity now offered for procuring a mitigation of the evils, which press so heavily on a large body of medical practitioners.

However preferable an arrangement might be, which would entirely prevent the interference of the poor-law commissioners with medical duties, your committee are perfectly aware that, in the present uninformed state of public opinion, it would be useless to insist on such a change. Still more obvious is it, that members of our profession would be stepping out of their legitimate province, and would descend into the noisy arena of general politics, if they, *as a body*, supported the demand for the abolition of the poor-law commission.

The association, therefore, is earnestly recommended to employ all its energies to secure the enactment (in the forthcoming bill) of such modifications in the constitution and powers of the central board of commissioners, as shall terminate those abuses *which particularly affect the profession*; and thus establish a precedent for future medical legislation on a more extended scale.

§ 55. Should the association now resolve to support the views and propositions submitted in this Report, it will become necessary either to seek the aid of some member of Parliament, who may be disposed to introduce them for the consideration of the legislature; or to endeavour, by suitable representations, to engage the favourable attention of the government.

The last advice given by Mr. Sergeant Talfourd, in reference to future exertions, is too important to be withheld. After stating his readiness to confer with the attorney-general on the subject, he added, "but, as I cannot doubt that the destinies of the country are about to be confided to Sir Robert Peel, it is to him I would advise you to direct your efforts. I think for many reasons, you will obtain from him, or with his sanction, a reasonable adjustment of the question."

Your committee would not do justice to their feelings of gratitude and respect for Mr. Sergeant Talfourd, if they omitted to express their deep regret at his retirement from Parliament. Any eulogium which might here be passed on your late distinguished advocate would be both superfluous and inadequate. Let it suffice to say, that the great interests of literature, science and humanity will, by his absence from the House of Commons, suffer a loss not easily to be repaired.

§ 56. Your committee have thus endeavoured to lay before the association the prominent features of the subject, which has for so long a time engaged their sedulous attention; and which it now rests with the members to bring to a successful issue.

The action of the entire association should henceforth succeed to the deliberations and exertions of a few individuals.

The influence which the 1,300 members of this powerful body might exert with their representatives before the ensuing session of the new Parliament,

would alone suffice to secure the enactment of a considerable portion, if not the whole, of the proposed measure.

In every locality petitions should, without delay, be set on foot by members of the council.

In conclusion, while your committee may be allowed to express their regret that they have not hitherto been favoured with the active co-operation of a greater number of their associates; they are happy to acknowledge the support uniformly afforded them by the central council, under whose auspices, they trust that this long agitated question may be finally and satisfactorily adjusted.

FINIS.

### AN ERROR OF PROSODY.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—In the last number of your Journal, page 205, Mr. Husband's paper on Dyspepsia contains a quotation from Horace's first satire; the first line of which is printed thus—

"Ac si condolet tentatum frigore corpus."

Now this will not scan; the passage in the original is,

"Ac si *condoluit*," &c. &c. &c.

I remain,

Your obedient servant,

JONAS MALDEN.

Worcester, Dec. 11th, 1841.

### A NEW URINE DOCTOR.

The following delicate hint is delivered to a correspondent in a late number of the "Lancet":—

"X. Y. The circumstance alluded to by our correspondent, probably depends upon some disorder of the digestive functions. The state is not uncommon in those who eat too much animal food. If it give rise to any inconvenience, the boy should be placed under the care of the family medical attendant. *Could X. Y. leave a little of the fluid at our office?*"

[Heartily do we congratulate the honourable Editor on his new avocation. We have a thimble-full at his service. The counter-practice at the "Lancet" office is intended, we suppose, to extinguish the chemists. *Nous verrons.*]

### ROYAL COLLEGE OF SURGEONS IN LONDON.

Members admitted on Friday, December 10, 1841.

Richard Jones, William Hepworth, Charles Francis Taylor, James Oldham, Benjamin Leak, Chimes Boase, Walter Jones, William Charles Homfray, Charles Daubeney, Benjamin Swete, George W. Lang, Joseph Caldwell.

### OBITUARY.

Dr. David D. Davis, Professor of Midwifery, in University College, expired on Saturday, December 4th, in the sixty-ninth year of his age.

### CORRESPONDENTS.

*Charta Vesicatoria*.—We have received Mr. Thomas Butler's specimen of this blistering paper.

The newspapers from *Carlisle, Birmingham, Portsmouth, Worcester, and Galway*, have been received: we feel much obliged to our friends for forwarding them to us, and hope, that whenever country newspapers contain any medical intelligence, some of our correspondents will send them to us.

*W. H., Liverpool.* The essay of *Dr. Cormack*.

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## COURSE OF

### LECTURES ON PHYSIOLOGY & SURGERY.

By JOHN HUNTER, F.R.S.,

(From the Manuscript of Dr. Thomas Shute.)

#### LECTURE VIII.

##### *Empyema.*

GENTLEMEN,—Suppuration is caused in large cavities by exposure; but these do not granulate. I never saw granulation on the pleura or peritonæum; but I am not certain whether they might not granulate, if the patient lived long enough. All large cavities will inflame if there is an external opening into them, and that opening is not speedily united. This inflammation does not begin from the wound, and gradually spread itself over every part of the surface; but every part of the surface takes this disposition upon it at the same time. This disposition arises from a sense of defect in that cavity, which causes the adhesive inflammation to take place. After the operation for empyema, suppuration always follows, the cure of which would be a resolution of the suppuration; but this we know not how to effect. It sometimes happens that these cases suppurate and get well, but in what way is not known; it is not by granulation. The vessels may, perhaps, fall back into their former state. In these cases the wound is generally kept open; but the best way would be to unite it as soon as possible, to prevent suppuration. This inflammation frequently arises from tapping, when the wound does not heal by the first intention; then the stimulus of defect in that cavity takes place in every part, and generally kills the patient in about a week: on opening the cavity there is a general inflammation of the peritonæum, covered with coagulable lymph and pus. This most frequently happens when the peritonæum is unsound. In many patients this does not happen until they have been tapped several times, perhaps five or six. The symptoms of this inflammation are similar to those of the puerperal fever—violent pain in the abdomen and great soreness when touched. The internal coat of the intestine is quite free from the inflammation.

This disease in women is called the puerperal fever, which, like many other terms, is a very improper one: the name is expressive of the effect, and not of the cause, which may, therefore, give to one who takes his ideas from the name, very false conceptions of the disease. To one who obtains a knowledge of a disease, and afterwards has a name applied to it, then the name is immaterial to him; but where the knowledge is obtained from the name, there it is of great consequence. In physis, causes are taken for effects and effects for causes continually, and thus diseases get wrong named. In the present disease, for instance,

the fever was at first the only thing observed, they not knowing of the inflammation which was going on within, they therefore named it fever. For these reasons I call it the puerperal inflammation, or the peritonæal inflammation.

In emphysema arising from fractures of the ribs, the cellular membrane is so much distended, that openings in the integuments are sometimes proper; and it may be thought most effectual if immediately opposite the fracture. This, however, would be improper, for the external wound, being opposite to that in the pleura, might give the stimulus of exposure, and inflame the surface of the pleura, which, most probably, would kill the patient. This is an objection against the operation for empyema. The air must escape from the chest in inspiration, and be squeezed out of that cavity into the cellular membrane in expiration. The lungs require some force to expand them, therefore the air escaping through the wound must hinder their expansion. The wound in the lungs heals probably before that in the pleura. If a wound is made opposite the fractured rib, it will make the fracture compound and retard its union from the expansion.

After the operation for the bubonocoele, the general inflammation does not take place, which, perhaps, is from a disposition which the sac takes on immediately to adhere, i. e., the sides of the sac uniting. This union frequently prevents the mischief from exposure in large cavities. I performed the Cæsarian operation, and the woman died in thirty-seven hours after. On opening the body, I found the intestines next the wound adhering so close as to prevent any exposure of the cavity.

Those parts which have a natural external opening do not inflame by exposure; therefore, the internal surface of the bladder does not inflame after the operation for the stone.

A man is now living, of twenty-five years of age, who was born without the ossa pubis and anterior part of the bladder; the openings of the ureters might be seen discharging the urine; the surface of the bladder did not inflame.

I performed the operation for the hernia congenita lately in a different manner from what is usually directed. I dilated the sac a little below the rings, and carried the incision downward to within about an inch of the testis; I then carried my finger up the sac into the abdomen to feel if the stricture was caused by the sac above the rings, which frequently happens in old herniæ. I found it was the case in the present instance; I therefore took hold of the sac, and drew the stricture below the rings, and then dilated it. The advantages arising from this mode of operating are obvious, when the circumstances of the case are considered. It is attended with the common circumstances of a hernia and those of the radical cure of the hydrocele, by ex-

posing the cavity of the tunica vaginalis. By not dilating the sac throughout its whole extent the exposure of both cavities was prevented; the undilated sides of the sac, by being brought together above, prevented the exposure of the abdomen; by being brought together likewise in the same manner over the testis prevented the effects of its exposure, both uniting by the first intention. This patient was soon well without any succeeding bad symptom.

#### *Joints.*

All circumscribed cavities inflame by exposure; capsular ligaments inflame when exposed, the internal membrane then adheres, or suppurates and granulates, forming an ankylosis of the joint. Substances frequently form in the joint of the knee which it is necessary to cut out. These wounds ought, if possible, to be healed by the first intention, to prevent exposure. The union of the wound ought to be attempted by bandage, in preference to suture; for if the ligature passes through the ligament it will produce the same stimulus and effects as exposure: even a very small bit of the ligature in the cavity would produce the same effect. All circumscribed cavities may be called joints, for they are all for the same purposes—to facilitate the motions of the parts which they contain. The cavities of the thorax and abdomen are joints, they being for the easy motions of the viscera they contain. They are all lined with a thin membrane, and attended with similar circumstances when inflamed. The small cavities, such as the sacculi mucosi, go through the processes of inflammation easier than those which are large. The substances found in joints are cartilaginous externally and bony within; they probably form like a process from some part of the joint, and afterwards break off, for they never increase in size when they are loose in the cavity.

We have other circumscribed cavities called sacculi mucosi, which are subject to the same concrete substances, and likewise to an accumulation of their fluid. This accumulation of fluid is called a ganglion. Ganglions are generally situated on tendons, but sometimes we have them in other parts, frequently upon the patella. Upon the patella there are cavities which have no communication with the cellular membrane; such little sacculi are situated round the tendons, and on most parts where there is much motion; it is in these that the fluid accumulates. A hard stroke with the back of a book will burst the sac and cure the disease. Sometimes the sac cannot be broke, yet the inflammation produced will cause an absorption of the matter, and produce such a change in the part as for no more to accumulate, or the sides of the sac may adhere. Between the flexor tendons of the fingers there appears to be some cellular membrane loosely attached to them; this is a number of sacculi to facilitate their motions on each other. These ganglions sometimes form under the carpal ligament, extending above and below it. When these are opened they granulate, which at first prevents the free motion of the tendons. These, by degrees, will stretch and admit of free motion.

#### *Empysema.*

In respiration the lungs are quite passive, therefore, when they are torn, the air escapes into the cavity of the pleura during inspiration. The air will escape until the adhesive inflammation has closed the wound of the lungs. The wound in the lungs will probably unite before that in the pleura which is next the intercostal muscles; because external wounds take on the adhesive inflammation sooner than those which are internal. A perfectly external wound will have its cells so much united in twenty-four hours, that air will not escape from the cellular membrane into it; but in an empysema the air is escaping into it for three or four days, which proves the cells are not closed. The wound in the lungs may be considered

as an external one, therefore will heal first; which is obviously attended with advantage.

The punctures in the skin to discharge the air should be made a little way from the fracture; if they are made opposite to it they should not be deep, as that would be making the fracture compound. It will also endanger a general inflammation of the cavity. When the operation for the empysema is performed to empty the chest of water, perhaps it would be attended with better success if it was done with a couching needle—that is, by thrusting it into the chest and dilating the wound in the pleura, so much as to admit of the water escaping in the cellular membrane. By this means the wound in the skin will be so small as not to give the stimulus of exposure, and the water will be absorbed in the cellular membrane. By opening the chest in the empysema, perhaps the wound of the lungs may ulcerate. When the wound in the lungs is closed, the air remaining in cavity will be proportioned to the dilatation of the lungs.

#### *Inflammation and Suppuration of Cavities.*

Cavities which have external openings sometimes have the suppuration and adhesive inflammation mixed, the discharge being partly lymph and the rest pus. Cavities which are connected with vital parts, when they become inflamed generally, soon kill. The surrounding parts have a tendency to sympathise with the membrane. The pleura seems most subject to inflame of any other membrane; this, perhaps, arises from its being most exposed to cold by covering the lungs. For adhesions to take place it is not necessary for both surfaces of the pleura to inflame. Perhaps, if coagulable lymph could be introduced between two sound membranes it would cause them to adhere. Inflammations of the pleura are so frequent, that in fifty patients who are fifty years of age scarcely one will be without some adhesions of the lungs. Matter formed in large cavities is as perfectly an abscess as when formed in any other part. Matter in the cavity of the pleura is a perfect abscess.

#### *Peritoneal Inflammation.*

This inflammation does not arise from an inflammation of the uterus first, and then extend over the cavity; for it will begin equally soon at the most distant part as at the nearest. This inflammation is sometimes found to begin at the superior part of the cavity. The uterus, though sound, may be in such a state as to give the stimulus of being removed. It may somehow give the feel to the cavity of being quite gone, which will be the stimulus of imperfection to the cavity. When the stimulus of imperfection is given to a cavity, the inflammation does not begin at one point and gradually extend itself, but the whole cavity becomes inflamed at once. For instance, when this inflammation comes on after tapping, it does not begin at the wound and gradually extend over the cavity, but it begins equally soon at the most distant parts.

This inflammation, by forming adhesions, sometimes causes circumscribed abscesses, which are opened externally and do well. These inflammations are generally so rapid in their progress, that there is not time for adhesions to form before suppuration begins.

When matter has formed, and the disposition for inflammation has ceased, perhaps washing out that matter with warm water might save the patient, by preventing more from accumulating. If matter is in the cavity, by its stimulus it will produce a continuation of the secretion of pus; therefore, if this can be removed without giving the stimulus of imperfection to the cavity, it may prevent the further accumulation of pus. Those cavities which are situated in the cellular membrane do not produce such violent symptoms when inflamed as others, their surrounding sympathising parts being of less consequence. Internal



lacerations do not take on the adhesive inflammation readily, being generally cured by the first intention—hence emphysema is kept up. A wound in the lungs may be considered as external, which is the cause of its healing sooner than a wound of the pleura costalis.

#### THE EYE.

The cavity of the eye is subjected to the same processes in inflammation as other cavities. The eye may be said not to be a cavity, as it is filled with humours.

#### *Cataract.*

If the eye is opened, and the wound does not unite by the first intention, then all the consequences follow which are common to circumscribed cavities when exposed. The inside of the eye inflames, suppurates, granulates; and the granulations, by their contraction on the inside, draw the eye into a small knot, healing as a common abscess. This is the principal objection to the extraction of the crystalline, the wound not uniting by the first intention, when all the consequences before mentioned must happen, of which I have seen three instances. I once extracted the crystalline of a colt, and the operations ended in this manner—the eyes contracting into a small knot by the approximation of the granulations.

#### *Dropsy of the Eye.*

Sometimes there is a dropsy of the eye, the aqueous humour accumulating preternaturally; the cornea projects considerably, and gradually grows thinner and thinner, till it bursts (if not opened), when all the consequences of an exposed cavity follow.

I think that the cavity between the dura and pia mater has the same attendant consequences from exposure as other cavities. I never saw a case where the pia mater was exposed that the patient did not die. When the dura mater is wounded, the brain inflames, swells, and pushes through the wound.

A boy at Brentford received a blow on his head, which, at the time of the accident, produced little inconvenience. A twelvemonth after the boy was seized with symptoms of depression, which, by the apothecary, was imputed to worms. I was sent for, and found the scalp raised at the part where the boy had received the wound. I proposed opening it, to see in what state the parts were underneath; I found the bone discoloured for a small space, which I enclosed in the crown of the trephine, and removed; upon the dura mater there were a few small bits of curdy matter, which had ulcerated the bone, and were lodged in the cavities they had formed. I did not conceive that this would produce the symptoms, and therefore opened the dura mater, to see if any thing was underneath, when I perceived the pia mater quite sound. The opening made in the dura mater produced such an inflammation of the brain as to kill the patient.

It is very frequent to have bad arms after bleeding; this has been attributed to different causes—to a wound of the tendon, of the nerve, and to a bad habit of body. I think it does not arise from either of these causes, but from the vein itself inflaming.

When a vein is opened it often inflames from exposure; coagulable lymph is thrown out from its inner coat, and adhesions often take place, the cavity becoming obliterated. Sometimes suppuration follows; an abscess is formed, and it ulcerates next the skin, breaking and healing as a common abscess. Frequently other abscesses are formed for a considerable length in the course of the vein, one after another. These abscesses always form in a chain along the vein toward the heart. Afterwards the vein may be felt as a hard chord. There never is any considerable inflammation, but the veins are filled with pus at the part. After amputation all the veins near the stump may be found full of pus, which, from mixing with the

blood, appears less and less as you trace them to the heart.

It appears that the veins are subject to the same laws, when inflamed, as other circumscribed cavities.

It often happens, after bruises of the toes and feet, that the saphena will inflame in this manner throughout its length, forming abscesses one after another in its course to near the top of the thigh. This frequently happens to horses by bleeding them in the jugular, which may, perhaps, be owing to the method of stopping the bleeding; for if the pin passes through the internal coat of the vein, it will produce the same effects in its cavity as when a ligature is within the capsular ligament. After this has happened in the vein of a horse, abscesses are frequently formed in its course to the chest, and the vein may afterwards be felt running into the chest like a hard chord. Sometimes horses die from the suppuration of the internal coat; the matter, being continually secreted, is carried into the circulation without any abscesses forming. Whether this inflammation is continued to the heart, and thus kills, or in what manner, I cannot tell, never having had an opportunity of opening one of these cases.

The suppuration on the inside of veins frequently happens, and may always be seen in great inflammations. When I first saw the blood in a vein mixed with matter, it puzzled me very much, not having any idea of absorption but by the lymphatics. I afterwards perceived that the blood which was below the inflamed part was mixed with matter as well as that above, therefore it could not be by absorption, being out of the course of circulation. These phenomena were afterwards explained when I came to understand the principles of inflammation in a circumscribed cavity.

A vein is subject to the same changes, when inflamed, as other cavities. It first throws out coagulable lymph, which sometimes produces adhesions, and these frequently are followed by abscesses. If adhesions are not produced, then the inner coat suppurates, and the matter, mixing with the blood, frequently kills the patient when of a bad constitution. The veins often granulate on the inside, and by that means obliterate the cavity, as well as by the adhesions from the coagulable lymph, the vein afterwards feeling like a hard chord. We frequently find, in opening two veins in the same person, that one of the veins will have these circumstances happen to it, and not the other; therefore it cannot entirely depend on constitution, but from some accidental circumstance, as exposure. In short, if we understand the laws which other circumscribed cavities have when inflamed, we must understand them (the veins), they being exactly the same in every respect.

Adhesions of the sides of an inflamed vein do not happen near the heart when the circulation is strong. When a vein is suspected to be inflamed, the best practice is to attempt an adhesion by bandaging; for it is dangerous when the inflammation goes on to suppuration.

In opening patients who have died of the puerperal fever, we find the peritonæum universally inflamed; sometimes only partially. There are exactly the same appearances in the abdomen as when it has been exposed; the same kind of inflammation. The internal coats of the intestines are not inflamed, nor the substance of the uterus. This disease is difficult to account for; it seems to arise from a stimulus given similar to that of defect in the cavity, as from exposure. Sometimes this disease is attended with diarrhoea, at others with costiveness and a quick and small pulse. It is not properly a fever, but a symptom of that particular inflammation, and, with its attendant consequences, kills the patient very soon.

#### *Hydrocele.*

In treating the hydrocele, we are to consider that the inflammation is similar to other circumscribed



cavities; at the same time remembering that it has a part lodged in it (the testis) which has symptoms peculiar to itself. The testicle particularly sympathises with the stomach, and has many symptoms, when disturbed, which are peculiar to itself. In proportion to the distention of the tunica vaginalis by the water, it grows thick.

There are two methods of cure in the hydrocele—the palliative and radical. The palliative consists in simply discharging the water, and healing the wound by the first intention. This, however, sometimes proves radical. The disease has sometimes been cured by a kick; the tunic bursting, the water has discharged itself in the cellular membrane. The radical cure is performed by raising an inflammation in the tunic, which causes it to adhere by the coagulable lymph or granulations. The inflammation of the tunic may sometimes cause a change of disposition in the part, which may prevent its secreting more fluid.

The cure by the adhesive inflammation is much better than the suppurative, being attended with little pain. But we have it not in our power to regulate an inflammation so far as to procure the adhesion, and prevent its suppurating. Sometimes large quantities of matter are collected in the tunica vaginalis; this has been opened, and the testis found at the bottom of the sac considerably enlarged from inflammation, which has frequently led surgeons to imagine that it was diseased, and they have taken it out, when it has been perfectly sound, and would have returned to its natural size when the inflammation abated.

I was desired to attend at an operation of castration, where the case was of this kind. The collection of matter in the tunica vaginalis was supposed to be in the body of the testis. When an incision was made into it, I observed the testis lay at the bottom of the sac perfectly sound, though very much distended by inflammation; I therefore prevented the surgeon from proceeding in the operation, and the patient got perfectly well.

The water is not always situated in the tunica vaginalis, sometimes being in an hydatid. These hydatids are situated on different parts; sometimes on the spermatic chord, and sometimes on the posterior part of the testicle. The difference of situation in the hydatids must cause a difference in the situation of the testicle, and it is absolutely necessary to ascertain its situation before any operation is performed.\*

A gentleman of large fortune had a hydrocele, which was situated on the posterior part of the testicle; a surgeon thrust a lancet into the anterior part of the hydrocele to discharge the water, but none came; he felt the fluctuation very distinct, therefore he put the lancet in again near to the first orifice; this likewise was unsuccessful. Cæsar Hawkins was consulted; he declared it to be a hydrocele, and did not doubt but the water might be evacuated, if a lancet was thrust in at the anterior part; he therefore desired the surgeon to put the lancet in again, but it was still unsuccessful; he then attempted it himself, but in vain. It was then determined to leave the patient alone for a while. There was an opportunity afterwards of dissecting this case, and it was found that these four wounds were made into the body of the testis, and it produced no more pain than pushing the lancet into the sac, which was done afterwards. It is remarkable that these four punctures produced no inconvenience whatever; the wound healed up directly. From this case it appears, that although the testis is very susceptible of pain when squeezed, yet it is attended with little pain when wounded by a clear cutting instrument. Many eminent surgeons

were consulted afterwards on this case: one said it was a varicocele, but this was absurd, because then the tumour would subside on laying down and pressing the part a little; another said it was enlarged pulpy testicle, similar in substance to an orange that had been much squeezed—he advised its being taken out; others could not tell what to make of it, all of them, being misled in thinking it was not water, from none coming when the punctures were made.

I would observe to you, that when we cannot determine on the situation of a part by our own senses, we then should appeal to the sensations of our patient. I applied this rule to the present case, which enabled me to understand what it was; I squeeze the tumour at every part, and asked the patient how he felt: he said that in every part it had the same feel as squeezing a common part, except in the place where the punctures had been made, and there it had exactly the same feel as squeezing the testicle; hence I concluded that the testis was situated on the fore part, and that the punctures had been made into it, which was the cause of the water not being discharged; and that I was certain, if a lancet was put into the posterior part, that the water would follow. The gentleman could not believe that the punctures had been made into the testis, as he felt so little pain. However, he submitted to a puncture posteriorly, and the water was discharged; it then was evident that the testis was anteriorly. It is common in hydrocele to have a heavy pain in the back, but this is usually removed by suspending the part. Diseased testicles likewise give the pain in the back, but this is not removed by suspension. It is difficult to say why these patients should have the pain in the back; it may be said because the spermatic nerves arise from there; if that is the cause, these nerves must differ from others. There are a variety of methods for the radical cure, each of which produces the cure in the same manner. The tent is the most simple operation that can be performed. Stimulating liquors are thrown into the tunic for the same purposes. The seton acts on the same principle as the tent, being two openings instead of one. The small caustic acts in the same manner as the former. It cannot produce a sloughing of the tunic any further than the immediate action of the caustic, the rest must adhere. When parts are diseased, and have lost much of their living principle, they then may slough, by being inflamed, not having sufficient life to support the inflammation; in such a case the albueina might slough, leaving the glandular part of the testis bare, which I have seen; but this effect is not peculiar to the caustic, for if an inflammation was raised by any means under such circumstances it would produce the same effect. I have also seen the tunica vaginalis so lifeless from disease, that when it has been opened from end to end it has produced no inflammation at all; in such a case it would be advisable to dissect the diseased part out. If the tunic is thin, soft, and lively, this is never necessary, and always ought to be avoided; for dissecting out the tunic, when it is healthy, is more painful and tedious than the amputation of the leg. One reason given for opening the sac throughout its length, is to see in what state the testicle is, that it might be removed if diseased; but it is not necessary to castrate for a simple enlargement of the testis, and a cancer is never attended with the true hydrocele; at least I never saw such a case. But it is always necessary to know that the fluid is water, and exactly where the testis is situated. It is frequently very difficult to determine whether the tumour is hydrocele, or a diseased testicle. The testicle is sometimes very like an hydrocele, and the hydrocele, on the contrary, is sometimes very like a diseased testicle, the thickened tunica vaginalis giving it that appearance. There are some marks by which we can sometimes distinguish them. The swelled testicle generally appears flattened on each side, and rounded forward and

\* The pathognomonic mark here is—the patient has not that sick, heavy pain in the testicle, nor pain in the back, which accompanies the true hydrocele. The pain from hydatids is rather more acute—i. e., these pathognomonic symptoms occur during the inflammation and suppuration, in consequence of the radical operation.



backward. The tunica vaginalis, when distended, usually appears pyramidal, its apex above, and extending itself along the chord, sometimes to the rings. If the water is contained in an hydatid, it does not usually extend so high. There are a variety of causes, which produce different shapes in hydroceles. It is generally supposed that the hydrocele is cured by a simple adhesion of the tunic to the testis, but this very rarely happens, for it almost constantly suppurates and granulates which I have seen on the surface of the tunic. This, likewise, may be known from the authors who have wrote on this subject—all of them describing the symptoms of suppuration in their patients. If we could cure by the adhesive inflammation it would be much the best, because it would be attended with little pain, and much sooner. But it is not in our power to regulate the inflammation so far as to cause the adhesive and prevent the suppuration.

Douglas, in a treatise which he published on the hydrocele, was of opinion that the disease could not be cured without the tunic sloughed away, therefore he recommended the dissecting of it out to save time. It was plain that he did not understand the disease. A perfect knowledge of the situation of the testicle is necessary, for by mistaking we might operate immediately on the part, and suppose that the case was a diseased testicle.

It is common in old hydroceles to find the testis large, but they have no cancerous disposition, perhaps it is a scrofulous disposition in the part. From the shape of the tumour a diseased testis may generally be distinguished from a hydrocele, the former retaining the shape of the testis, being flattened on each side, and the edges forward and backward. The hydrocele generally appears pyramidal, except when the water is contained in an hydatid, and then it is more rounded. Sometimes the water extends so high up as even to pass into the rings.

In operating on the hydrocele, with an intention of performing the radical cure, the opening should not be made at the bottom of the sac, for two reasons; first, because the tumefaction at the bottom being greatest, will be apt to close the wound, and prevent the general inflammation; the second is, that the collapsing of the skin and sac may prevent the two openings from being opposite to each other. This last objection may be made to the opening at top. We therefore ought to make the openings between the two, in which part the two orifices will not be so subject to separate from each other, and the principal part of the tumefaction will be situated below; the extravasated fluids causing the tumefaction, by falling downwards. It is on this account that we have the inferior orifice in the seton operation close up, and the matter discharging itself from the upper orifice. The opening has usually been made at the bottom, from an idea of having it depending. In performing the operation, either by the tent or seton, when the orifice is made at the most depending part, it soon closes up, from the large quantity of extravasated serum and lymph in the cellular membrane; this has been so great as to separate the orifice in the skin, and that in the tunic, three inches from each other; the canal being thus lengthened out soon closes up, and prevents the discharge of matter. When the orifice is made quite at the superior part, the canal may be lengthened as much by the contraction of the tunica vaginalis. From the tumefaction below the superior orifice, a seton generally discharges the longest. As the symptoms do not arise so much from the injury done as something to do, therefore the smallest wound will produce symptoms as violent as the largest. The irritation which arises after the operation is not in consequence of the mischief done, but from something to do, the stimulus of exposure taking place.

In performing the tent operation, we should grasp

the posterior part of the tumour with the left hand, forcing the water forward, and keeping the skin upon the stretch; then the puncture should be made, and the tent introduced before all the water is discharged, still keeping the left hand in the same place to prevent the orifices from receding from each other. If attention is not paid to these circumstances we may be foiled in the introduction of the tent, which has sometimes happened. The best tent is a bit of sponge; this swelling on the inside prevents it from slipping out of the inner orifice. When the tumefaction and suppuration have begun, then the tent may be removed. The seton operation is preferable to the former, because it is not subject to the inconvenience of being foiled in the operation by the tent slipping out. In performing this operation, the common seton needle is best, being the most simple; in doing it, it will be better if there are so many threads as to prevent the escape of the water, which will hinder the tunic from folding, and will be attended with this advantage, that the suppuration will take place in every part; on the contrary, it may happen that by the tunic falling into folds, some part of it may not be exposed, and no adhesion take place, which will leave a part for the future accumulation of water. The tunic therefore ought to be kept distended, until the tumefaction and suppuration follow, which will prevent the tunic from falling into folds; for all the parts will then be united by the adhesive inflammation, that is the sac to the skin. When the sac has been kept distended by the water, until suppuration has begun, then it is too late for the parts to fall back into their former state; the whole cavity must granulate, which will prevent the possibility of a return of the disease. The seton simply passed into the sac, and out again, making the two external orifices at not more than half an inch distant from each other, is quite sufficient. All that is wanted is to make the canal an imperfect cavity, the threads passing through the sac from one end to the other can be of no use. Pott's method is therefore complex and unnecessary. If all the water is suffered to escape, the sac may unite in folds, leaving some parts unexposed, which will admit of fresh accumulations of water. I knew a case where the seton operation was performed, the two orifices united to the testis, and all that part of the sac on each side the threads excluding the rest of the cavity from exposure; a septum was thus formed, and when the water afterwards accumulated there was a double hydrocele. The caustic would be a very good method of cure, if it was not subject to fail in destroying part of the tunic, which then must be punctured by a lancet and this reduces it to the tent operation. It has the advantage of making an opening, which will not be closed, and of retaining the water till the tumefaction has taken place, this happening before the slough made by the caustic comes away. If the swelling and pain be very violent, it may be mitigated by applying a rag ten or twelve times doubled dipt in spirits of wine; spirits have a sedative effect. The symptoms which arise after this operation are in consequence of the exposure of the testicle; they are similar to those of a diseased testis, and very much like the symptoms which happen, when any vital part is affected. It is usually attended with a sick heavy pain, and sickness of the stomach, lassitude, and pain in the back; the symptoms will frequently begin in twenty-four hours after the operation; small and short rigors will come on with the pulse quickened, and these before there is any pain, or inflammation of the part; this is followed by the testicle inflaming, and it may be seen in the tunic swelled very considerably. The peculiar symptoms after the operation arise entirely from the exposure of the testis. When the water is an hydatid, the symptoms are not peculiar; it affects the irritable principle frequently before the sensitive, as appears from the rigors coming on frequently before there is



any pain on the part; this is succeeded by a quick pulse, increased heat, swelling of the cells of the scrotum, and a throbbing pain; the testis becomes very much enlarged from the inflammation. Sharpe performed the operation by incision several times, as related in his critical inquiry, which was attended by very violent and dangerous symptoms. When I was a young surgeon, I attributed all these to not suspending the scrotum, for while I was house surgeon at St. George's Hospital, I was called up in the night to a patient who was in most violent torture after this operation; the part was not suspended; I took some tow and placed it under it for its support, and the man became immediately easier, and afterwards went on very well. However, let what care will be taken, very dangerous symptoms will sometimes arise; about one in thirty dying after this operation; therefore as it is attended with some danger, it is to be considered whether it is worth the while for a man of thirty to game with his life to get rid of such an inconvenience.

The testicle is not always concerned in this operation, the water being in an hydatid excludes it; therefore we have not the same symptoms, nor is it attended with the same danger; the opening being made at the upper or lower part, lengthens the passage for the matter, by the internal and external orifices leaving their former situation. The adhesion being produced in all the parts before the collapse of the sac, prevents the elongation of the opening; the caustic, for this reason, is the best.

I am at a loss to determine which operation is best, as I have seen all of them except excision prove unsuccessful. I lately applied the caustic, and when the tumefaction was considerable removed the eschar, and with my finger scooped out the coagulable lymph which lined the cavity. When the wound was healed, the water accumulated on one side, adhesions having taken place and shut that out from exposure. I then opened this and put a large piece of sponge tent in; adhesions, however, took place round this, and still kept it from exposure. I next broke down all the adhesions which produced such an inflammation as to cause the parts to unite.

To prevent the sac from collapsing and uniting in folds by the first intention, I have adopted a new mode of cure, which is to fill the tunica vaginalis with poultice, which is generally squeezed out with the discharge of matter. This I have tried once, and it answered very well.

## COURSE OF CLINICAL LECTURES

ON

### SURGICAL DISEASES,

DELIVERED AT THE HOSPITAL OF LA CHARITE,

By Professor VELPEAU.

#### Lecture X.

#### FETID ABSCESS.

GENTLEMEN,—On the present occasion, I propose addressing to you a few observations on fetid abscesses; this is a subject of some importance, for unless you were aware of the circumstances to which I am about to allude, you might be led into error, as many respectable practitioners have been and daily are. Certain abscesses contain matter of a very fetid nature; these form in the cellular or muscular tissues, yet have no direct communication with the bones or internal organs. We find them in various parts of the body, about the jaws, on the sides or front of the trachea and larynx, at the edges of the anus, and in the walls of the chest or abdomen; in the region of the face they have been very frequently observed.

In the course of the present year, I opened before you a great number of these abscesses seated in the

mouth, and, as you may remember, the matter evacuated was always extremely fetid. It is now many years since I drew attention to this fact; and in 1831, M. Bassereau published several cases of fetid abscess which he had observed in my wards at la Pitié. The following cases briefly related, will sufficiently indicate to you the features of the disease now under our consideration.

CASE I.—A man, 30 years of age, presented himself as an out patient at la Pitié, for a tumour, situated on the lower part of the face at the right side; it had commenced six days previously. The abscess was opened between the cheek and gum, and about half a glassful of thick and extremely fetid pus was discharged; a carious tooth seemed in this case to have been the exciting cause of the abscess; on passing in a probe, we could not discover any trace of caries or necrosis, and the man returned to the hospital in five days completely cured.

CASE II.—Another patient, about the same age as the former one, was admitted at la Pitié, with considerable swelling of the cheek and submaxillary region on the right side. The gums and all the interior of the mouth on this side were inflamed and very much swollen, so much so, that the patient was unable to open his mouth. The abscess burst spontaneously, and the matter discharged from it was of a most disgusting kind. When the tumefaction had subsided, a carious tooth was extracted, and the patient went away cured on the third day.

The frequency of abscesses about the gums and mouth is so great that it were superfluous to give you any further examples. At first sight it might seem quite natural that these abscesses should be fetid, because we are in the habit of connecting them with disease of the bone. This may be true in a great many cases, but in several others the collection of pus is completely isolated from the bone; hence, we cannot explain the fetidity of the matter in any other way than by supposing that the air penetrates by imbibition through the gums, and effects some change in the composition of the pus.

CASE III.—A woman, 50 years of age, came to the hospital in the month of November, with an enormous tumour occupying the left cheek and submaxillary region; the integuments were so thin that the abscess burst on the night after the patient's admission. The odour which exhaled from this abscess was so overcoming, that it required no ordinary degree of fortitude to approach the patient; the matter was gradually evacuated; several portions of mortified cellular tissue came away, and the patient got well in a month. In this case there was no carious tooth, no disease of the bones, no direct communication with the inside of the mouth, yet the fetid odour was developed in the abscess before it had opened; and consequently before the pus could have been in direct contact with the external air.

CASE IV.—On the 12th of February, 1832, a man, 51 years of age, was admitted into the hospital with a tumour as large as the fist, situated on the right side of the neck between the jaws and os hyoides. The swelling had commenced eight days previously, without any apparent cause or connection with carious teeth. It was opened, and the matter which came away was so offensive, that it really was almost enough to suffocate one; the tumour quickly subsided, and the man was well in eight days. No trace of diseased bone or carious tooth could be discovered.

CASE V.—Another patient was admitted about the same time with an abscess in front and a little to the left of the larynx; on opening it, the surgeon was at once struck with the fetid odour of the pus; he thought that the abscess must have communicated with some bone, or perhaps with the air passages. The patient,



however, was suddenly cut off by some other disease, and on examining the body, an opportunity was taken of ascertaining the true seat of the abscess. It extended upwards to the parotid gland, and downwards to the middle of the neck; but had no communication with the air passages or œsophagus, and did not differ in any respect from common abscess of the soft parts.

Here then, Gentlemen, we have collections of matter exactly similar in progress, symptoms, and termination to common phlegmonous abscess, yet containing pus, the fetid nature of which cannot be explained either by contact with air, or by disease of the bones. You must, however, observe, that they occur in parts of the body which are close to air passages; thus, in the neck we find them between the cervical fascia and the thyro-hyoid membrane, the trachea or œsophagus; in the sub-maxillary region, between the supra-hyoid fascia and the mouth; in the region of the face, between the walls of the cheek and the mucous membrane, or between the periosteum and gum. In these regions the air, which is constantly passing in a warm state over the parietes of the abscess, is probably imbibed, and gives rise to the fetid condition of pus, to which we now allude.

But the circumstances, just mentioned, seem to act with most force in the region of the anus. You know that many surgeons are apt to conclude the existence of fistula in ano from the stercoraceous odour emitted by an abscess in this part; this, however, is a great error. You have frequently seen me open abscesses in the region of the anus, and have thought, from the stercoraceous smell, that the abscess must have communicated with the intestine; but this was not the case, for the abscess has quickly healed without returning again.

CASE VI. A middle aged man was admitted into la Pitié, complaining of much pain about the anus; there was a small tumour near the edge of the fundament; it was freely opened, and a considerable quantity of fetid matter came away, having a very strong stercoraceous smell. On passing a probe through the opening, no communication with the gut could be discovered, and the operator at once declared, that, notwithstanding the odour, the abscess might heal without operation. In this opinion he was correct, for the patient was discharged in a fortnight.

Abscesses of the thoracic or abdominal parietes will occasionally be attended with the peculiar fetidity of which I now speak to you.

CASE VII.—Jane Boutey, 57 years of age, of good constitution, though extremely emaciated, had always enjoyed excellent health, until the middle of December, 1841, when she was seized with severe pain in the abdomen; two days afterwards a painful tumour was observed in the lower part of the abdomen, on the right side; this soon enlarged, until it reached the size of a doubled fist. The woman remained in bed for eight days, and then was brought to la Pitié, and placed under the care of M. Parent-Duchatelet. Twelve leeches were applied to the tumour on four different occasions, but without effect. The patient remained in this state for a month, and was then transferred to the wards of M. Velpeau; the walls of the tumour were, at this period, very thin, and on the following night the abscess burst; the matter discharged was of a dark grey colour, and of very fetid odour, exactly like that of *feces*; it was, moreover, mixed with gas and shreds of mortified cellular membrane. From these circumstances the existence of a communication with the intestine might have been inferred, but on passing a long probe into the abscess, to the depth of five or six inches, in all directions, no trace of such communication could be discovered. The result of the case showed that the abscess was a common one, for in a short time after her admission, the patient was discharged completely cured.

Dance has related two or three cases similar to the foregoing, and Ledran has recorded some interesting observations of the same kind.

CASE VIII.—A man living at Chaillot, 24 years of age, was seized with inflammation of the abdominal parietes. A tumour formed in the right hypocondrium, and extended to the groin and umbilicus; it became soft, and was opened. The pus discharged was of so fetid an odour, that Ledran thought it was seated between the muscles and the epiploon, but the result of the case showed that it was a common abscess of the walls of the abdomen.

Abscesses, Gentlemen, which form in the abdominal parietes, are highly worthy the attention of the surgeon, but there are so many points of interest connected with them, that they must be examined in part. Fetid abscesses of this region generally commence in the cellular tissue which unites the peritoneum to the abdominal muscles; they may, however, occur between the deep fascia and muscles, or under the skin, in thin persons. The presence of the fetid odour can only be explained by imbibition; the deep-seated wall of the abscess is close to the intestine, and imbibes from it fluid or gaseous products, or perhaps merely the odorous particles. I am inclined to think that some of the contents of the intestine passes into these abscesses, from observing that the odour varies according to the region of the abdomen in which the abscess is formed; thus, when the collection of matter is situate over the region of the cæcum, we have a strong stercoraceous smell; but over the epigastric region, the pus has an acid odour, as from ill-digested food, while in Boutey's case (Case VII.), the smell seemed to arise from the alimentary matter contained in the lower portion of the small intestine; at least, the stercoraceous odour was not perfect, such as we observe in cases of abscess about the margin of the anus. Besides, the colour of the pus is generally modified according to the nature of the fluids in its vicinity, and the smell, though always more or less fetid, differs according as the abscess may be seated in the mouth, neck, chest, &c.; each furnishes a special odour.

## OBSERVATIONS

ON THE

## CLIMATE, TOPOGRAPHY, AND DISEASES

OF THE

## BRITISH COLONIES IN AFRICA,

By E. J. BURTON, M.D.,

*Assistant-Surgeon to the 25th Regt., late Surgeon to the Royal African Corps.*

No. I.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—Conceiving that a series of papers on, or sketches of, the topography, climate, diseases, &c. &c., of the British Possessions in Western Africa, might prove interesting to the readers of your excellent Journal, I propose, should it meet your approbation, to give the substance of notes, taken during a residence of nearly three years, at the different stations on the coast. The treatment I adopted in the highly dangerous diseases of that country having proved extremely successful, it may, perhaps, prove of some utility to make it known through the medium of your Journal.

The medical man, on first visiting the coast of Africa, is called on to treat diseases he has never before seen, of which he has no knowledge, and in the cure of which he has no guide; the almost inevitable consequence is, that many patients must fall victims to the inexperienced physician, before he becomes acquainted with the symptoms and treatment



of African disease. Should the observations I purpose making, and the hints I am about to give, prove of the least assistance in rescuing even one individual from the inexorable grasp of African disease, the object I have in view will be fully answered, and the trouble I have taken amply repaid.

I am, gentlemen,

Your most obedient servant,

E. J. BURTON, M.D.

Brecon, December, 1841.

The chief British settlement on the western coast of Africa, called "Sierra Leone," from the opinion that the "sierra," or hills, in the vicinity were inhabited by lions (which idea, however, proves erroneous, as the kingly quadruped shows too much judgment to trust his royal person in such pestiferous jungles), is situated on the river, or, more correctly speaking, estuary, of the same name, in latitude 8 deg. 29 min. north, 13 deg. 14 min. west. The principal town, or rather village, is named "Freetown," in allusion to the benevolent and philanthropic purpose for which the settlement was originally intended. The town is built on the side of a hill, or series of hills, commencing in a gentle slope at the edge of the river, and extending nearly to the foot of the splendid range of mountains from which the place takes its name. The position of the settlement, as also the site of the town, is badly chosen; the town being built on the lowest part of the series of hills before mentioned, commencing at the edge of the river, and having at its back, intervening between it and the highest range of mountains, a swamp, formerly of considerable extent, but which is yearly diminishing in size, by being reclaimed and built upon; another great objection to the site chosen for this settlement, not inappropriately termed the "white man's grave," where so many of our adventurous countrymen meet an untimely end, is the consequence of its being in a great measure enclosed by an amphitheatre of elevated mountains, which, attracting the clouds, is the cause of a greater quantity of rain falling at the place, consequently greatly increasing its dampness, and in an equal ratio increasing the insalubrity of the town. It is an additional cause of regret that the present site should have been chosen, when we reflect, that a few miles higher up the river there is a spot, on which stands the village of "Kissey," much more advantageously situated for a settlement, the elevation of which is sufficient; there are no swamps in its immediate vicinity, and experience has proved it much more healthy than Freetown. The anchorage is equally good as at the latter place, a circumstance, in a commercial point of view, necessary to be taken into consideration in choosing the sites of colonial settlements. At the same time it should be borne in mind, that in all tropical countries, especially such a one as Western Africa, it is far preferable to select a peninsula jutting into the sea, of moderate elevation, say from one hundred and fifty to four hundred feet, or an island of the same height, and free from swamps, and at some distance from the main land, as these latter always enjoy the full benefit of the wholesome and purifying sea breeze; and all habitations situated on the margins of rivers, are more or less liable to damp, fogs, and mephitic exhalations.

A sort of fatality seems to have occurred in our choice of situations on the west coast of Africa. Sierra Leone, as I have endeavoured to show, is badly situated, though in the vicinity there exists a site more healthy, and better adapted for the building of a town; again, when I come to the stations on the river Gambia, I shall point out that all our settlements there are located in the midst of swamps; while, extraordinary to say, close to each of them situations were to be found exempt from all or most of the objections to which the former are obnoxious. On approaching Sierra Leone from the sea, especially

on a fine December morning, the prospect is beautiful; the breeze which wafts the vessel up the noble river prevents that feeling of heat and lassitude, which in general proves so disagreeable to persons on their first arrival in a tropical country. On the right of the river lies the long low Bullom country, thickly and beautifully wooded, except where a rice field, green and luxuriant, gives variety to the view, as also evidence of cultivation and industry. Before you lies the splendid river, looking so calm, cool, and refreshing, that you are momentarily tempted to forget that it daily and nightly exhales from its banks pestilence, disease, and death. On the left a lofty range of hills, with intervening valleys, is presented to the sight. At the foot of this mountain range lies the pretty village of Freetown, many of the houses handsomely built of stone, all of them painted or white-washed, and several of them surrounded by neat piazzas, forming altogether a striking *coup d'œil*. At first the approach to the "white man's grave" is forgotten, and the mind is filled with admiration of the beautiful picturesque scenery, and tropical productions on every side presented to the view. The reflection, however, is of short duration; all the requisites for the production of malaria, and its consequent diseases, such as the mangrove swamp, the luxuriant vegetation of the valleys, &c. &c., are at once detected; yet there is nothing, even after the most careful examination, to account for the unexampled unhealthiness of this fatal spot. The population of the colony amounts to about 30,000 persons; one-third of this number, or thereabouts, inhabiting "Freetown," and may be divided into the following classes, viz.:—white, coloured, and black; and the two latter classes may be sub-divided into those who are natives of Sierra Leone, and persons born in other countries; the latter subdivision is of some practical importance in the treatment of disease, as it will be found that the latter class of persons are more subject to climatorial affections, and when attacked, the diseases prove more severe and obstinate than amongst the former.

To enumerate the various nations, tongues, and languages, to be found at Sierra Leone, would prove a task almost endless, and more properly belongs to a political, than a medico-topographical description of the coast. The chief inhabitants of Freetown may be enumerated under the heads of Europeans, discharged soldiers from the West India regiments, "Maroons," "settlers," or Nova Scotians, Mandingoes, liberated Africans, and Kroomen; the last mentioned, a patient, industrious, hardy race, deserving of notice, if only for the purpose of recording the to them honourable fact, that they have resisted the corrupt example of all the other African races, and resisted the tempting offers of the unprincipled slave dealers, invariably refusing to participate in the traffic in human flesh. Sierra Leone was first established as a post for trading in slaves; it is now the chief place on the coast for locating the Africans rescued from slavery by British benevolence, and at the expense of British life. As such, it is the seat of the mixed commission court, or tribunal for adjudicating in all cases connected with the slave trade.

The public buildings at this station are the government house, commissariat buildings, the buildings of the liberated African department, the gaol, the market place, colonial secretary's office, mixed commission court, military barracks, &c. The military barracks are situated on Tower Hill, a ridge considerably higher than the town, about four hundred feet above the level of the sea; they consist of the officers' barracks, a good substantial brick building, surrounded by piazzas of sufficient width to enable several persons to walk abreast in them. All houses in tropical countries should be surrounded by piazzas or galleries, as they serve to ward off the force of the sun from the main building; they also serve to keep



it dry, by preventing the rain beating directly against the walls of the house. The officers' barracks are two stories high, besides the basement floor, a circumstance which should be always attended to in hot countries, especially in military buildings, as European soldiers lodged on the ground floor are sure to be attacked by fevers, agues, rheumatisms, and other diseases induced by damp and cold, it being a well known fact, that persons living on the ground floors of houses have suffered severely, whilst those in the upper stories were entirely free from disease, although exposed to the same atmospheric causes. This building is well situated, airy, and comfortably finished; each officer is allowed at least two rooms, an arrangement absolutely necessary in every tropical country, but more especially in a climate so fatal to human existence as that of western Africa. The soldiers' barracks are about the same size as the officers' quarters; they also consist of two stories, besides the basement; the soldiers here, when not too crowded, are well and comfortably lodged. There is also a good barrack-master's quarter, which, when in repair, affords good accommodation. The military hospital is situated about five hundred yards from the barracks, on a hill much lower than Tower Hill, and consequently not in so healthy a situation as the other military buildings; it contains two good-sized wards, besides a surgery, an office for the principal medical officer, a room for the custody of the apothecaries' stores, and a quarter for the hospital sergeant.

*(To be continued.)*

## CASES ILLUSTRATIVE OF DISEASE, SEATED CHIEFLY IN THE CEREBELLUM.

*(Read before the Sheffield Medical Society.)*

By WILLIAM JACKSON, Esq., M.R.C.S., Sheffield.

On Aug. 20, 1830, Mr. R. first became a patient of mine. His age 25; married; being of a fair and florid complexion, with tumid lips, and had, previously to the invasion of this disease, enjoyed good health. He had been ill about twelve months previous to my attendance upon him, and had gradually become more and more afflicted, his attacks becoming so much more frequent, as to disable him from attending to the duties of his business, which was that of a draper. Two causes were assigned by him as concerned in the production of his complaint,—one, exposure to severe cold on a long journey; the other, great bodily exertion in lifting heavy weights. The commencement of the affection was attended by paroxysms of severe pain of the head, confined at first to the upper and anterior part, but for the last four months it became fixed (during the fits) in the upper and back part of the head and neck, shooting forward around the forehead; and during the continuance of those seizures the face was flushed and the head steadily fixed in a position slightly inclined forward. The attack would frequently be occasioned by rising from bed in the morning, and usually continued for two or three hours, sometimes for a less period, and, when under the influence of his greatest suffering, the patient urgently requested the attendants to make forcible pressure upon the back of his head and neck, calling out at the same time for fresh air, and the application of cold water to the head; and the use of these means afforded him decided relief. The pain was of the most agonising kind, and was described as if something were darting downwards along the spine. When he was lying in bed, and frequently when in a sitting position, Mr. R. would fancy himself falling down, not only at the time he was under the influence of an

attack, but also during its absence. The pulse was generally unaffected during the intervals of those attacks, and varied considerably under their influence, being sometimes rapid and almost imperceptible, and again slow, especially on one occasion, being reduced to 40. There was no loss of consciousness, or impairment of the functions of the senses; but the most invariable symptom was extreme vertigo, to relieve which in a great measure, as well as the pain, he urgently sought for some fixed position of the head.

The exciting cause, on many occasions, appeared to be muscular action succeeding a state of rest, as rising from bed, &c.; the proximate, the consequent determination of blood to the seat of disease. Any particular mental emotion, even in a previous state of tranquillity of mind, would, on other occasions, appear to be instrumental in producing an attack. The kind of pain, its suddenness, and rapid movement from a fixed point, which was invariable during the continuance of a paroxysm, precisely resembled those periodical neuralgic affections so frequently noticed in the face, head, and other parts, and which are usually ascribed to affection of the nerves of sensation of those parts. At one period the attacks were accompanied by a copious discharge of flatus from the stomach, with decided relief; and when the attack was of greater severity, and longer in its duration than usual, vomiting supervened. The cessation of pain would frequently be sudden, and its cause not appreciable, whilst at other times the means used, evidently afforded relief; but, as connected with this relief, one circumstance was sometimes noticed as remarkable—viz., that any new excitement, such as the introduction of a stranger, very enlivening conversation, or even the direction of the mind with force and attention to any important subject, would be followed by considerable, sometimes perfect relief: thus changing a scene of sorrow into one of cheerfulness and ease. The paroxysm was generally followed by perfect ease. Several of these attacks would frequently occur during the night, and in the intervals more or less sound sleep occurred.

That his vision was considerably impaired during the subsequent progress of the disease, there could be no doubt, for he frequently mistook one object for another, and could with difficulty distinguish the various colours of articles of drapery in his shop. The other senses to the last were unimpaired. Through this long and painful disease his faculties were unimpaired, except some slight affection of his memory at periods when the seizures were more frequent than usual.

The general functions of the system were generally unaffected, excepting that the stomach was sometimes deranged in its action, from sympathy with the brain. Digestion was generally performed correctly; and it was only during a paroxysm that flatulency or vomiting supervened. The general character of these attacks resembled in a striking manner hysterical affections; and this similitude was still further confirmed by the great relief afforded by fresh air—more or less appearance of globus; together with, on several occasions, a copious discharge of limpid urine; to which may be added the very flickle state of mind, as to sudden and alternate cheerfulness and despondency. But then the seat of pain, and the great desire for a fixed position of the head, modified the other more strictly nervous symptom, and caused some hesitation as to the real nature of the complaint.

I was inclined to regard the case as of a mixed character, and in this opinion Dr. Knight, who attended with me, I believe generally coincided.

In reference to the treatment of this case, I may briefly state, that, under the supposition of its being more or less inflammatory in its nature, local bleeding, counter-irritation, and rest, were the remedies adopted. It was, however, soon perceived, that in proportion as debility increased, the symptoms be-



came aggravated. This led to a plan calculated to invigorate the powers,—tonics, improved diet, with the moderate use of wine, change of air, and the shower-bath; under which treatment his strength improved, and the attacks became less frequent, and were not so severe as before.

One fact, which I learnt afterwards, was, that vinous or spirituous liquors, in quantities which formerly affected his head considerably, failed now to produce such effect. He did not, however, indulge to excess.

There was no means used from which he derived so much and immediate relief, as the shower-bath, which, together with a carefully-regulated diet—medicine having been for some time quite discontinued—had the effect of restoring all the functions to a natural state; and his strength was so much improved as to enable him to walk six miles uninterruptedly without fatigue. During the last fortnight of his life he had but one severe return of the painful attacks; and on this occasion he, being at a friend's house, walked home after the paroxysm had subsided. He was encouraged, from his improved state, to undertake a journey upon business to Liverpool, and he thence proceeded to Leeds, where he had remained several days in a more favourable state than usual, until the morning of October 13, at six o'clock, when a severe and unexpected attack of his disease came on, gradually increasing till a state of partial insensibility supervened, and, seemingly exhausted, he sunk in two hours, without suffering any spasmodic movement.

#### *Post-mortem Appearances.*

Stimulated by a desire to ascertain the morbid condition which had given rise to this very obscure affection, I repaired to Leeds, where, on the 16th, in conjunction with the late Mr. Thackray, under whose care Mr. R. had fallen on the occasion of his last seizure, I assisted in the examination.

The cranium was remarkably thin, and the dura mater very vascular. The veins of the pia mater were extremely turgid with blood.

The general substance of the hemispheres of the cerebrum was natural in colour and consistence, excepting that there appeared more numerous bloody points, on dividing the medullary substance, than usual. The ventricles were distended with a clear watery fluid. Several parts situated in the interior and base of the brain were in a softened state, especially the fornix, tractus opticus, hippocampi, and tubercula quadrigemina. The plexus choroides was pale. The pes hippocampi on the right side was enlarged, and within its substance was found a tumour of the size of a large garden pea, of a whitish-grey colour exteriorly, of rather firm consistence, and presenting a similar appearance interiorly.

The cerebellum was somewhat softened, and in the centre of its left lobe was found a well-defined globular tumour, as firm as the substance of the kidney, whose diameter was one inch and a half; having a whitish-grey outer coat, and being white within. The general aspect of this tumour resembled those found in scrofulous subjects. It was clearly a scrofulous tubercle; and now the morbid appearances were found to correspond with those peculiar marks of that constitution so conspicuous in Mr. R.'s general aspect, as before referred to.

The effusion into the ventricles had occurred, no doubt, during the last attack.

CASE II.—George Bighton, aged 44, married, of a sanguine temperament, had, till within a month of his application to me (May 7th, 1841), enjoyed good health. The first remarkable symptom of which he had complained, was constant vertigo, which continued with increased severity throughout his disease; he was unable to walk, except in a very unsteady

manner; he complained of severe pain in the head, which he referred to the vertex and more posteriorly; his pulse was 90, and full; tongue covered with a yellowish white coat; he was bled to sixteen ounces; had a blister on the back of the neck, and was freely purged with calomel and compound extract of colocynth; followed by a cathartic mixture.

9. No relief; vomiting was now added to his former symptoms; various remedies were administered with a view of relieving the head and the distressing sickness, but ineffectually. After a few days, especially about the 18th, the pain in the head had become more urgent, and was referred to the same place as before, and extending down the neck. The pain returned in distinct paroxysms, during which his exclamations were most distressing and vehement; and apparently with a view of affording relief, he brought his head forward towards the chest, and kept it fixed in that position by his hands firmly applied on each side.

There were no distinctly marked spasmodic movements; nor were the intellectual powers at all affected. Almost constant and extreme irritability of temper was manifested towards his wife and other attendants. The vomiting continued throughout his illness. There was no paralysis; nor did the strength seem materially impaired.

The slightest movement of the body would occasion a paroxysm; to prevent which, he constantly, as before stated, kept his hands firmly fixed upon his head, which was brought forward upon the chest. He carefully kept his eyes closed.

The paroxysms of pain at length became so severe, as apparently temporarily to derange his faculties; but, notwithstanding these sufferings, his pulse was but slightly affected. There was no improvement in the condition of the tongue, nor was there any diminution in the urgency of the sickness. He was further bled to sixteen ounces, and cupped twice; blisters were applied along the spine, and digitalis was administered, with a view of lessening any determination of blood to the head. The disease pursued a rapid and irresistible course; and the patient, apparently worn out by the severity of his sufferings, and conscious to the last, sunk on the 5th of June. This patient frequently expressed his feelings, as if he were on the point of falling into some imaginary gulf, even when in every other respect he was quite rational and awake. There was no tendency to coma: on the contrary, he hardly could be said to have slept from the commencement of his malady. At one time an attempt was made to procure some mitigation of his sufferings by the administration of the acetate of morphia, which he took in grain doses or more, but without the slightest effect.

#### *Post-mortem Examination.*

The head only was examined; at the point where the occipital joins the parietal bones, the dura mater adhered firmly to the brain and arachnoid. This morbid adhesion which was very firm, and had a granulated appearance, extended about two and a half inches on each side of the longitudinal sinus.

The ventricles were completely filled with fluid; and the choroid plexus was pale. The cerebrum generally was natural, and of its usual firmness.

The cerebellum externally presented increased vascularity; and its right lobe throughout was perfectly healthy. The left had a softened feel, and appeared in a disorganised state, especially about its centre, where a slightly increased prominence indicated either the presence of an abscess or fluid of some kind. On further examination, it appeared that the whole of this lobe, or nearly so, was the seat of a cavity filled with a sero-gelatinous fluid. There was no lining membrane, but the sides of the cavity, consisting of the substance of the cerebellum, were quite softened.

This case presented the progress of an acute disease,



whilst the former exhibited an example of the mere chronic form. They were both distinguished for the periodical and paroxysmal form of seizure, taking into account the more rapid progress and diminished intervals in the latter case. Are we not justified in considering this case as one of pure ramollissement in the highest degree? And further, does it not tend to confirm the opinion of those pathologists who regard that affection as resulting from inflammation? I confess I expected to find an abscess instead of the appearance which the autopsy presented.

CASE III.—J. G., aged 68, spare habit, and had enjoyed through life a good state of health, was suddenly seized in the spring of 1838, with extreme vertigo, temporary insensibility, vomiting, and extreme coldness of the whole body. Pulse slow and labouring, afterwards feeble. The attack was considered as of an apoplectic nature, no medical man being present at the time of its occurrence. He continued in an apparently exhausted state for two or three hours after the seizure, and vomited, at intervals, the half-digested food which he had taken at his dinner, about two hours previously. Blood was abstracted after the exhaustion had subsided, and warmth had been restored. The symptoms which remained two days after the attack, were extreme vertigo, pain in the occipital region, and a tendency to nausea. He retained perfect possession of his intellectual powers, and there was no paralysis. The vertigo, and unsteadiness in his muscular movements, were very tedious in wearing away. He was cupped, and repeatedly blistered; kept on low diet; and advised to remain at rest for a considerable time.

The appearance which he presented to a person noticing him whilst walking, was such as a man exhibits who is slightly intoxicated, in addition to which there was a peculiar nodding movement of the head, exhibiting a general aspect considerably different from the ordinary cases of paralysis or hemiplegia. His restoration was partial, and very gradual from the seizure till the period of his second and fatal attack. He was a man of temperate and active habits: if he erred, indeed, it is probable it was more in eating than drinking. He was always sensible that the seat of his ailment was in the posterior part of his head; and I considered all the symptoms to correspond to such as indicated some lesion of the cerebellum.

On May 26 of the same year (the former attack being early in March) he dined with his son-in-law, ate heartily, and returned home (a distance of a mile) two hours afterwards. He felt poorly soon afterwards, and expressed a wish to go to his son's house, distant about a quarter of a mile; whilst proceeding thither, he was seized with sickness; and the vertigo was so bad that he would have fallen had not a person passing by supported him. He appeared very faint, and was taken to his son's with some difficulty, in a half-insensible state. He vomited the food which he had taken at dinner, and became extremely cold. He afterwards became more sensible, and warmth having been restored, eighteen ounces of blood were drawn from the arm, and a large dose of calomel administered. On this occasion he exhibited no decidedly paralytic state, but a perfectly unsteady and unmanageable condition of the muscular powers. In the night (six hours after this seizure) he became insensible, and expired soon afterwards, without exhibiting convulsions or sickness.

#### *Post-mortem Examination.*

The cerebrum was generally in a healthy state, excepting that the ventricles were somewhat distended with serum. The branches of the basillary artery were in a decidedly morbid condition. They were not completely ossified, but presented a thickened opaque or whitish-brown appearance. To the feel, their coats communicated a sensation as if there was

in their texture a quantity of coarsely-powdered chalk, and were easily broken down.

The interior of each lobe of the cerebellum, into which the arterial branch passed, contained several dark coagula of blood—one, especially, surrounded by a cyst, as if of older date. Around those coagula the structure of the cerebellum was in a completely softened state, as, indeed, was more or less the whole substance of that organ.

#### REMARKS.

In offering a few remarks, which the foregoing cases appear to suggest, I would first of all allude to the great obscurity which has heretofore distinguished and rendered difficult the physiology of the nervous system, but more especially that of the cerebellum. The functions of that organ are as yet not perfectly understood; but if these cases tend to any conclusion, it is certainly much in favour of the views of Fleurens—that the cerebellum serves the purpose of giving to the muscular system a general harmony of action, and a precision of purpose; and that an impairment of its function is attended by agitation, unsteadiness, and irregularity of muscular action.

But that this is the only purpose of a part apparently destined by nature for a nobler and higher endowment, may be inferred from the cure she has taken to protect it,—from its separation from the cerebrum, and its connexion with the medulla oblongata, by processes as well defined, and almost equal, to those of the general cerebral mass.

An interesting question again presents itself:—Is the cerebellum in any way concerned in the other great attribute of the nervous system—sensitivity? I think these cases (especially the second) would dispose the enquirer to answer the question affirmatively. The difficulty consists in separating the disease of the cerebellum itself from the simultaneous or consecutive advance of morbid action in contiguous parts, especially in the membranes. In the second case, over the seat of that part of the cerebellum which was diseased, the tunica arachnoides and dura mater were implicated. I do not remember, in any morbid state of other parts of the nervous system, the symptom of vertigo being so invariably permanent and severe as in the cases herein detailed, and in others in which I have regarded the cerebellum as the chief or entire seat of the affection.

Another feature of a negative character in these cases, was the absence of spasmodic action. It is true, in the first case, during the violence of the paroxysm, a partial convulsive action was noticed; yet it is to be remembered, that in that case there was combined, in a slighter degree than in the cerebellum, several smaller tubercular masses in the interior of the cerebrum, the latter being seated in those parts, a lesion of which, in the experiments of Fleurens, produced involuntary and spasmodic action.

It is highly probable that pathology will, at some future period, do more in explaining the real function of the cerebellum than experimental physiology, which is liable to two capital objections—viz., the operation being upon one of the inferior animals, and the general shock, and its necessarily involving other structures, together with more or less loss of blood. The case which would be required to elucidate this subject, would be, a chronic, uncombined, structural derangement in both lobes of the cerebellum. It is probable that the immediate cause of death in the two first cases, was effusion into the ventricles; and how rapidly that took place, it is difficult to say, but it is probable that this event is, in many instances, almost as prompt in its appearance as sanguinous effusion. The effusion filling the fourth ventricle, and compressing the upper part of the spinal marrow, would form pressure upon those nerves transmitting their influence to the heart, lungs, and stomach.

Vomiting was an invariable symptom, and it is probable that it would arise either from the contiguity of the disease to the origin of the pneumogastric, or to the commencing effusion into the fourth ventricle.

A singular feature in organic disease seated in the brain is, its paroxysmal form of attack, and the frequently entire freedom from pain or other symptoms during the intervals. It can only be explicable, as it appears to me, from the occasional application of an exciting cause—mental or corporeal—inducing a determination of blood to the carotid arteries.

Dr. Abercrombie gives a case of abscess, occupying one of the lobes of the cerebellum, exhibiting symptoms much resembling those of Beighton. The case terminated fatally on the fifteenth day. It has been observed by authors generally, how much less frequent are diseases of the cerebellum than those of the cerebrum.

## REMARKS

ON THE

## POSITION OF IMAGES IN THE EYE.

BY H. H. BROUGHTON, ESQ.

In the following observations, which are copied from my note-book, I shall endeavour to prove that objects are not represented inverted on the retina, and that muscular contraction may produce amaurosis.

First. On looking at any object through a common convex lens, and withdrawing the lens beyond its focal distance, the object is seen inverted.

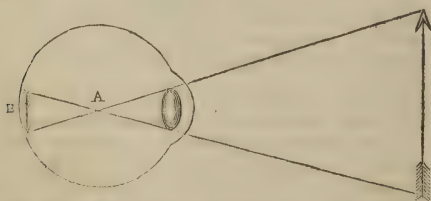
Second. When within its focal distance, it is seen in its correct position.

Third. When at a point beyond the focal distance, and not yet so far as to produce inversion, the object is rendered indistinct.

Fourth. Take a bullock's eye, carefully remove the membranes from the posterior part, taking care not to disturb the vitreous humour; put it into a tube that will just contain it, without compressing it, so as to alter the diameter of the axis of vision; cut a piece of leather out in the form of a T; hold a light below so that it can only pass through the hole you have made in the leather; then hold a piece of paper close to the posterior part of the eye, and the opening will not be represented inverted, but correctly, and very small; withdraw it a little and it will be inverted and much larger.

From these facts I draw the following conclusions:—

First. That the point of vision is at A, and not at B; the point A being the focus, the rays are concentrated there.



Second. That the focal distance in the human eye varies according to the distance of the object to be looked at.

Third. That several diseases may be traced to this cause. That the focal distance varied may be at once proved by a common convex lens; get the focus, the eye being only an inch from it; withdraw the eye (say eighteen inches), and you can considerably elongate the focus by increasing the distance of the lens. That this takes place in the human eye, may be shown by the following experiment: direct any one to look at an object near to him; he contracts the corrugator muscles, thus shortening the axis of vision; desire him

to look at a distant object, the eye-ball is pushed out, and the axis lengthened. Provided you elongate it by pressing on the outer angle of your own eye, objects will become indistinct, and, I doubt not, if the distance were increased, would become inverted. Amaurosis often depends on congestion of the choroid coat, which, by its pressure, must elongate the anterior posterior axis; thus bringing the focus to the intermediate stage before inversion.

Dobercross, near Manchester, December, 1841.

## TWO CASES

OF

## CHRONIC LARYNGITIS,

IN ONE OF WHICH

## TRACHEOTOMY WAS PERFORMED.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—I shall feel obliged by your inserting the accompanying paper in your Journal, should you think the cases reported possess sufficient interest. I saw the patient, Mrs. Sharpe (case II), about three months ago, and she was then in good health.

I remain,

Your obedient servant,

HENRY EWEN.

Long Sutton, Dec. 18, 1841.

CASE I.—April 16, 1828.—Mr. John Drigon, aged 55, complained of great difficulty in swallowing—no swelling or redness about the fauces or upper part of the pharynx; six days previously he had a rigor, having, as he stated, taken cold; he had complained of a difficulty in swallowing for many weeks past. Mr. C—ordered a blister to the throat, some calomel and jalap, and a saline mixture. At eleven, p.m. he was suddenly taken worse, and expired apparently suffocated, before I reached his house, which was about one o'clock in the morning.

On examination after death, I found an oblong tumour extending from the right side of the epiglottis to the arytenoid cartilage of the same side; it was equal in size to a large almond, and formed apparently within the fold of the mucous membrane which extends from the epiglottis to the arytenoid cartilage; the epiglottis itself was very much thickened, and the mucous membrane on the left side, just above the rima glottidis, was oedematous, most likely the result of recent inflammation, and the immediate cause of death, the opening into the larynx being closed immediately above the rima glottidis; the mucous membrane of the pharynx was in a natural state.

CASE II.—Dec. 6, 1835.—Mrs. Sharpe, aged 55, has been suffering for the space of two years from great difficulty in breathing and swallowing, and constant uneasiness referred to the neighbourhood of the larynx; the dyspnoea has, within the last few weeks, increased to such an extent, as frequently to threaten her with suffocation, depriving her of sleep, and producing extreme emaciation; there was no evidence, on examining the chest, of the existence of disease of the heart, lungs, or great vessels. Palliative measures only had been adopted until this afternoon, when fearing that another paroxysm of dyspnoea might actually produce suffocation, I proposed the operation of tracheotomy, as the only probable chance of prolonging her existence.

Her present condition is as follows:—She is unable to continue for any length of time in the horizontal posture; respiration is attended with a loud croaking noise; her eyes have a remarkably glassy appearance; and at intervals she is attacked with severe suffocative paroxysms, which she feels confident will destroy her,



and induced her to submit to the operation, which was performed this afternoon in the following manner :—An incision, two and a-half inches long, was made in the mesial line, commencing at the lower part of the thyroid cartilage, and continued downwards; this exposed the edges of the sterno-hyoidei muscles; the dissection was cautiously continued down to the lower part of the larynx, and upper rings of the trachea, the sides of the wound being kept apart by an assistant with a blunt director; the oozing of blood, and rapid movement of the larynx and trachea in respiration, embarrassed the operator considerably; when the trachea was fairly exposed, it was fixed by the forefinger of the left hand, and an opening made into it by means of a phymosis knife held in the right hand; as soon as the opening was effected the patient experienced decided relief, and could breathe freely; but on visiting her again in the evening the external wound was closed up with coagula, and the dyspnoea as severe as before the operation; the coagulated blood was cleared away, and a small silver canula introduced.

7. She has slept well all night, and expresses herself as much better; says, "*she has not had so much breath for years*;" deglutition is now performed without any difficulty; pulse 108. In the evening some fever came on; pulse 120; expectorates bloody mucus.

Dec. 8. She has passed a comfortable night; breathes freely through the artificial opening.

Calomel, one grain;

Compound ipecac. powder, two and a half grains.

A pill every three hours.

10. Continues to breathe freely; as the calomel is irritating her bowels, and the gums are slightly affected, it is to be discontinued

Chalk mixture, one ounce;

Tincture of opium, ten drops. Every three hours.

12. She appears to breathe pretty freely through the natural passage, where the artificial opening is temporarily closed.

Hydriodate of potass, five grains;

Decoction of bark, one ounce and a half;

Compound tincture of bark, twenty drops. A draught every four hours.

From this time she rapidly recovered, without any untoward symptom.

March 15, 1836. Her general health is now as much improved as the local disease is alleviated.

#### REMARKS.

The immediate relief obtained as soon as the opening was made into the trachea, and the refreshing sleep which followed, strikingly evinced the propriety of the operation; the copious suppuration from the wound, together with the mild action of mercury on the system, appear to have materially lessened the swelling within the larynx, caused by the inflammatory deposition of fibrin.

#### PROVINCIAL

### MEDICAL & SURGICAL JOURNAL

SATURDAY, DECEMBER 25.

It is now some time since we last drew attention to the management of the poor under the supervision of the Somerset House Commission. We had hoped not again to be called upon to contemplate the evils inflicted, under the operation of this system of administering relief to the destitute poor, until the period

should arrive, when through the remonstrances and influence of the intelligent and the humane of all ranks and of every party, such alterations in the working of it might be forced upon the legislature, as should remove the numerous and weighty causes of complaint.

We cannot, however, feel justified in allowing to pass, without comment, the instance of loss of life which the last few weeks has brought to light, and the fatal injury to health and comfort which continues to result from the incompetence, in respect to medical arrangements, which so strongly marks all the acts of the poor-law authorities. The actual amount of cases similar to the one which has so lately attracted the public attention, will probably never become known. The errors of the system, however, are equally well illustrated by one instance as by a thousand; and the history of the transactions connected with the illness of Lucy Welsh, from the first application of the unfortunate mother for assistance for her child, until the death of the girl relieved the union officers from all further importunities on her account, may be taken as an example of what can, and does, and, we fear we may add must, inevitably and frequently occur.

In the case referred to, an attempt at concealment was happily frustrated, although both the coroner and a clerical guardian of the union, in which this affair was permitted to take place, endeavoured to suppress inquiry. There is too much reason to apprehend, as regards the latter of these delinquents, that he is not the only individual among those to whom, in seeming mockery, the term guardian of the poor is applied, who has acted in a like spirit. But although the contemplation of a special case comes home with more force to the feelings, and may more strongly draw out our sympathies for the victim, it is not the occurrence of any gross instance of this description, which circumstances may conspire to make notorious, that should arrest our attention. We wish not to excite the feelings on account of the sufferings and death of the unfortunate girl, or to hold up to reprobation the neglect, real or supposed, evinced by the relieving and medical officers, the dereliction of duty of the coroner, or the cold and heartless indifference of the guardian.

The poor girl is spared the endurance of, perhaps, a protracted sickness, in the midst of the tender mercies of a union workhouse, and removed from the tribunal of poor-law authorities, to a higher, and we trust, a happier state. The other actors in this scene of wretchedness may be left to their own reflections; but we cannot allow the occasion to pass, without attempting once more to expose the manifold sufferings to which the poor are subjected under the continued exercise of this miserable system.

The test of destitution adopted as the ground of relief; the mode in which such relief is administered, whether in sickness or in health; the difficulties thrown in the way of obtaining it; the rough, and often inhuman reception which the applicants for assistance, with their spirits already broken down by distress and poverty, often borne to the verge of starvation, meet

with; the contumely and disgrace attempted to be thrown upon such as become the recipients of the relief so afforded; the breaking up of family ties; the outrage to domestic affections; the personal restraint; the imprisonment; the stripes, &c., with which the unwilling bestowal of food and lodging is often accompanied, and the insufficient amount and innutritious quality of the former, and the wretched nature of the latter, form a catalogue of misery, which none but a professed cold-blooded disciple of Malthus could contemplate unmoved.

There is surely something peculiarly unblest in these questions of political economy,—something which especially deadens all the warmest and best qualities of the heart, when we find men, otherwise estimable, coolly reasoning upon the distresses of their fellow creatures, and contending that the only way to keep them down in the aggregate, is to increase the amount of them individually. How utterly opposed to the precepts of the religion which we profess,—of the example which we hold ourselves bound to follow! Several of the abuses to which we have here referred have, at various times, already demanded and received full exposure; those, which in the recent case more especially excite our reprobation, are the imperfect nature of the medical arrangements. In consequence of the utter inadequacy of these arrangements for affording efficient relief to the sick poor, we are called upon to behold the applicant for such relief turned away, first from one officer and then from another, until at length the poor victim of neglect dies at the door of one of those to whom she had been dragged in a wretched conveyance, in the vain hope of receiving the attention which her state required.

We have said that we should not refer to this case with the view of exciting feelings of compassion for the sufferings endured, or of reprobating the conduct of those against whom the charge of neglect or indifference lies. Some of the parties, as faithful imitators of the priest and Levite in the parable, will well understand where to seek the reproof to which they lie open. The reverend clerical guardian with the priest, and the coroner with the Levite or expounder of the law, have, by shutting their ears to “any idle rumours which might be afloat,” shown themselves worthy successors, under a different system, of their prototypes of a former age. It is as a means of testing the machinery of the union, of exemplifying the workings of the system, that, on inquiry into the circumstances of this distressing event, one only out of hundreds, we fear, becomes especially desirable.

Three medical officers and a relieving officer are successively applied to, and either from the neglect or indifference of the officers, or from the inadequacy of the arrangements entered into, no relief is obtained. One medical officer *gives* a few pills, but declines calling to see the applicant, because she is not a parishioner, and it is out of his way. A second is so busy that he cannot attend to her. A third says that he cannot attend her without an order, but *gives* her some powders, and advises her to procure the

requisite authority. The order had, however, been previously applied for, and was refused by the relieving officer, under the plea that the girl must come into the workhouse. Disappointed in the last attempt to procure relief, the unfortunate sufferer, as she is turned away from the door, has a fit, and dies within an hour upon the spot.

As these facts stand, no imputation lies at the door of the medical officers in their *official* capacities. The fault rests mainly with the relieving officer for refusing, doubtless as part of the system, to give the order for relief. Medicine, it appears, was bestowed at their own private cost, by two of the medical gentlemen applied to, and the excuse made by the third for not giving the requisite attendance, is manifestly but too valid. All this is in accordance with, and the necessary result of, bad arrangements, the manifold imperfections of which have been pointed out again and again. The applicant was not a parishioner, and therefore to be allowed to perish from want of the required assistance; the medical officer was too busy, a plea which no one who looks at the unwieldy extent of the districts, and the amount of pauper patients confided for purposes of economy to the care of one individual, can controvert. No order had been procured, and without this, any relief which might be bestowed was supplied at the private cost of the medical officer, whose salary as such is already insufficient to defray his expenses, and who, if he once yield to the many similar applications for relief, which would probably be made, might in his turn become an object for the benevolence so conspicuously displayed by parochial authorities.

But then there was the alternative of becoming an inmate of the workhouse. Now we question not that, had the poor mother yielded her child to be immured, under the care of strangers, within the walls of this establishment, the patient might have received those attentions which her case required. But can it be regarded as otherwise than natural, that the parent should be desirous of herself administering to the wants of her sick child, and that the child should in her turn desire to retain the power of receiving those kindnesses which none but a mother can bestow? Here, as elsewhere, the cruelties of the poor-law press especially upon the most deserving objects. Those who are regardless of family ties, who know not the force of domestic affections, suffer but little under their loss; but the severing of these ties, the loss of these affections, where the mutual relations of husband and wife, of parent and child, have been cultivated, and these be it observed are ever amongst the most deserving both of rich and poor, is perhaps the severest affliction which humanity is called upon to undergo.

That such an addition to the sufferings of poverty, already borne to the extreme of destitution, for destitution is the avowed workhouse test, should under any circumstances be inflicted, is indeed to be deplored; but that it should be systematically inflicted in the face alike of the bonds of society, the best feelings of humanity, and the dictates of religion,



under the sanction of the law of a civilized and professedly Christian country, affords an example of callousness and defect of social qualities in those who have given authority to such a system, as must ultimately tend to weaken their powers as legislators for a social people, and to lessen that respect for the laws generally, which is necessary to the well-being of any community or state.

### POISONING FROM ARSENIC.

The following *unique* case of medical jurisprudence is worthy attention. It is a good illustration of those instances in which circumstantial evidence is of more value than analytical inquiry, in establishing an opinion. The symptoms developed were clearly those of poisoning by arsenic, although the chemical analysis failed to substantiate that view. Unless obtained by a practised hand, chemical evidence is worse than useless in cases of medico-legal investigation:—

A family, consisting of father, mother, and three children, dined on bacon and greens, on Tuesday, the 23rd of November, at two o'clock, and a few minutes afterwards were all seized with vomiting and severe indisposition; the first attacked was a little girl, the next the mother, then another girl and boy, and finally the father. The two girls and father died. The ages of the girls were respectively three years and a half and two years; they died on Friday, the 26th December, the father on the following Wednesday, the 1st December. Messrs. Morison and Gardner, of Malvern, were the medical attendants. Mr. Morison paid his first visit on the morning of the 25th November, Mr. Gardner was called in on Friday, the 26th.

The symptoms were violent vomiting, purging, and tormina, great prostration of strength, and severe spasms.

On Monday, 29th Nov., an inquest was held on the bodies of the children. It would appear from the evidence of Messrs. Morison and Gardner, that the stomachs and intestines exhibited no traces of inflammation, or any morbid changes whatever. The jury, after a brief deliberation, returned the following verdict:—"That the deceased died from exhaustion, produced by violent sickness (vomiting), and purging, caused, it is supposed, by eating greens!" The verdict was principally founded on the evidence of Mr. Morison, who deposed that he had witnessed at Newfoundland similar cases of illness, produced by eating poultry or greens too rapidly thawed.

The inquest on the father was held on Wednesday, 1st Dec., when the coroner thought it advisable to have the advice of Mr. Pierrepont, surgeon, of Worcester. Mr. Pierrepont stated, that from the appearance of the body, and the history of the symptoms, he at once conjectured that the man had died from the effects of arsenic. On examination of the body, several patches, such as are produced by corro-

sive poisons, were observed towards the pyloric extremity of the stomach, also in the ileum several patches approaching to ulceration. After the opening of the body, Mr. Pierrepont, accompanied by Mr. Morison, proceeded to make minute inquiries of the mother, who informed them that, on taxing her memory, she feared she had unwittingly drawn water from the well on Monday and Tuesday with an old garden watering pot, such as they mixed arsenic in for seed-wheat, and had used this water for culinary and domestic purposes. The pot was found in the well as she said it would; and was identified as one in which arsenic was mixed for wheat. Mr. Pierrepont was unable, on analysis, to detect arsenic, in the small quantity of fluid contained in the stomach; but from the history of the symptoms, the morbid appearances, and the circumstantial evidence regarding the watering pot, he had no hesitation in saying that the man died from the effects of arsenic. At the time when the report in the "*Herald*" closed, the verdict had not been returned in consequence of the coroner having adjourned the court.

[Coroners are not remunerated in proportion to the minuteness of the medico-legal inquiry, or the length of time it occupies, but are paid a fixed sum for each inquest; and consequently, it is their interest to hold as many as possible, and to hurry over them as fast as they can; at the same time, too often dispensing with medical evidence in order that their accounts may not appear exorbitant to their constituents. Mr. Hughes, the coroner, who presided over the inquests reported above, therefore deserves commendation for availing himself of the additional advice of Mr. Pierrepont. If symptoms so violent as those observed in the persons poisoned at Leigh Sinton, can be produced by eating rapidly thawed poultry or greens, it is very strange that some account of so curious and formidable a malady, should not have made its way into the medical journals, or the army reports, more especially as in such a climate as that of Newfoundland, it must often happen that rapidly thawed poultry and greens are eaten.]

Mr. Pierrepont, it appears to us, was quite right in giving his opinion positively, although the chemical analysis did not prove death to have been caused by poison. The symptoms, morbid appearances, and the circumstantial evidence regarding the watering pot, furnished him with sufficient ground for his opinion. Nothing can constitute a greater error in the practice of legal medicine, than to depend exclusively on chemical analysis in cases where the ends of the inquest can, as in the case we now speak of, be all attained independently of chemical operations, which, practised by any hands *except those of the skilful and experienced analyst* lead not to truth, but to the most lamentable and perplexing blunders.

### AN APOTHECARY ELECTED DEPUTY.

M. Boissel, an apothecary (pharmacien), has been elected member of the Chamber of Deputies in France, by the twelfth *arrondissement* of Paris.

## ST. GEORGE'S HOSPITAL.

## ASCITES AND ANASARCA.

James Eventon, a light porter, was admitted into Hope Ward, under the care of Dr. Wilson. He gives the following history of his complaints. About three weeks since he noticed that his scrotum was much swollen; the swelling extended first down his left leg, and then down his right leg, and afterwards the abdomen began to swell. About ten years since he had rheumatic fever, with severe palpitation of the heart and stoppage at the chest. He has noticed for several months past that his breath has become short and interrupted whenever he has walked fast, or has been upon rising ground. At present he has much cough, and difficulty of breathing. The abdomen is hard, tense, and swollen. He is able to lie low in bed, has some occasional attacks of palpitation, the urine flows freely. He was ordered to be bled to eight ounces, and to take

Nitre draught, compound decoction of sarsaparilla, camphor mixture, of each half an ounce. To be taken three times daily.

Bitartrate of potassa, two drachms. Early every morning.

Nov. 15. The blood drawn exhibits a large black coagulum; he feels somewhat easier ever since; does not sleep well, but is able to lie down low in bed; bowels are freely opened; pulse seventy-five, regular, and weak. The medicine to be continued, with six minims of the tincture of digitalis in each draught.

16. Cough and breathing much easier; no palpitation or pain in the cardiac region; he has an inguinal hernia in the right groin, and is very subject to piles; there is a distant feeling of fluctuation in the abdomen, and the lower extremities "pit" upon pressure.

19. Distension of the stomach from flatulency; bowels freely opened; watery evacuations; urine very abundant; does not think he is so much swollen as he was; legs cold; skin of the body warm; pulse soft and regular. Medicines to be continued; fish diet.

21. Going on much in the same way, but the pulse being more weak and feeble, the digitalis was ordered to be omitted.

Elaterium, half a grain;

Extract of poppies, five grains. To be taken early to-morrow morning.

26. Many watery evacuations from the bowels, and the swelling of the abdomen and legs is much diminished; urine plentiful and free; complains very much of the piles. Ointment of galls was ordered to be applied to the piles, and two scruples of confection of senna every night at bed-time. These remedies were continued with greater or less benefit for the next month, when we found the flow of urine and the action of the bowels still free and abundant; the urine, however, was high coloured; the size of the abdomen much reduced; and the general aspect of the patient anxious, thin, and wasted. On the 21st of December he was ordered to go into a vapour bath at bed-time, and to have half a pint of porter with his dinner.

Dec. 29. The countenance is improved in appearance; he passes much wind and water; and still continues the elaterium; the size of the abdomen is not very sensibly diminished since the last report.

Jan. 2. He has been very low and weak for the last few days, and has taken two ounces of gin in the twenty-four hours, from which he has derived very great benefit; the legs are much swollen; the urine flows freely and is high coloured; he sleeps better at night; the pulse is not so weak; tongue pale and furred.

7. Tongue very red; pulse weak; bowels freely open; motions very watery; the quantity of urine is considerably increased since he has taken the gin.

Medicines to be continued; roast slice and porter for diet.

12. The flow of urine is very copious; the tongue is dry and red; feels very weak and ill; he was very much troubled with giddiness this morning; the abdomen is much less swollen.

13. He sank very rapidly, and died this morning.

*Necropsy Twenty-four Hours after death.—Thorax.*—There was much fluid in the entire space between the lungs and the ribs; the general aspect of the lungs and pleura was healthy, with the exception of some recent adhesions at the base of the right lung. On opening the heart the *carnea columnæ* were found to be converted into a substance resembling cartilage; there was a similar fibrous degeneration of the various tissues of the heart, and a slight disposition to calcareous deposit here and there; the cavity of the right ventricle was contracted, and its parietes were thinned; the coronary arteries were slightly ossified, but there was no ossific matter in the descending aorta.

*Abdomen.*—On opening this cavity a large quantity of clear straw-coloured fluid escaped; there were extensive adhesions between the peritoneum covering the liver and the lower ribs on that side; that membrane was also excessively thickened, and in some parts almost cartilaginous; the parynchimatous structure of the liver was freely studded throughout with opaque cartilaginous deposits, smooth and white in appearance; the capsule of the spleen was thickened, and its substance was filled with various abscesses, containing a yellow cheesy matter; the peritoneum covering it was entirely altered in its structure, and was of a firm fleshy consistence; the kidneys were healthy in structure and appearance.

## TUMOUR OF THE LOWER MAXILLA.

Catherine Palmer, a married woman, was admitted under Mr. Walker's care; she has a hard tumour situated on the left side of the lower jaw, about an inch and a half in length, and three quarters of an inch deep, extending from the lateral incisor teeth as far back as the ramus of the jaw, and appears only to implicate the alveolar processes; it is acutely tender and painful to the touch.

She states that it commenced about three years since, when it was about the size of a marble and gave her very little pain, and her attention was more closely drawn to it from its elevating three of the molar teeth from their alveolar attachments, and which she was in consequence obliged to have drawn; there was also one tooth in the neighbourhood of the tumour which did not loosen, but decayed rapidly with the increase of the morbid growth, and which came away about three months since; the pain in the tumour now comes on only at times when she thinks she takes cold, and is then, as she expresses it, "of a dragging, itching nature;" none of the structures in the vicinity ever sympathise with the pain of the morbid tumour. About a year ago there was a swelling under the jaw, between the angle and the symphysis; this external swelling remained stationary for two months, and then disappeared. She received a blow upon the internal tumour some time since, which caused it to bleed profusely, and the bleeding was only stopped by having a portion of it excised, and caustic applied to the fresh cut surface; several portions of the tumour have been removed at various times with the scalpel; the last of these was removed about three months since, but they have all been removed within the last twelvemonth. She is a married woman, and has had several children, and the tumour has increased rapidly after each parturition; the pulse is weak, the tongue white, the bowels are open, and her spirits are very low. She has been in a very delicate state of health for the last twelve years.

Mr. Walker extracted two teeth in the neighbourhood of the tumour, to enable him to examine it accurately. She was kept upon sedatives and salines;



broth diet daily for a fortnight, until Feb. 6, when Mr. Walker removed the tumour in the following manner:—A straight bistoury was introduced a quarter of an inch below the condyle of the jaw, and the integuments were divided from the spot downwards to the angle of the jaw; then the incision was carried forwards, terminating about a quarter of an inch from the symphysis. A vertical incision was then carried downwards to meet this, commencing half an inch below the inferior margin of the lower lip, on the left of the mesial line. The flap thus formed was turned up by dividing it from the lining mucous membrane of the mouth, and the extent of the tumour was thus laid wholly bare. The bone was then cut through two-thirds of its thickness, at its ascending ramus, within half an inch of its angle, by a probe-pointed saw; after which the bone was divided anteriorly to the same extent, about half an inch from the symphysis. The portion of bone thus isolated was completely divided through by cutting pliers, and dissected off by a bistoury from its internal attachments. There was no great loss of blood, and the only vessels that required a ligature were the external maxillary artery and a small branch of the lingual artery. A cold wet compress of lint was placed in the wound, and the edges were drawn together by a suture in the centre, in order to allow all capillary hæmorrhage to cease before the parts were finally brought together for permanent union.

At 10 p.m., Mr. Walker visited the patient and found her very comfortable, and complaining of no particular pain. Four more sutures were put into the wound, and a bag of ice was hung an inch above the wound to keep the parts cool. Mr. Walker ordered the following draught:—

Solution of bimeconate of morphia, thirty minims;  
Antimonial wine, eight minims;  
Compound spirits of sulphuric æther, two scruples;  
Solution of acetate of ammonia, camphor mixture,  
of each, six drachms.

7. She slept very well last night and is doing very well to-day; the dressings, which consisted only of lint dipped in warm water, were not disturbed, as she felt very comfortable. Pulse quick; skin cool; bowels not open. The night draught to be repeated, and some sedative saline medicine taken every six hours. The bowels not having been relieved since the day before the operation, she was ordered to take one drachm of tartarised soda immediately.

8. Going on very well; she slept better last night; pulse quick; skin cool; no thirst; bowels not relieved. The dressings were removed to-day, and the superior part of the wound was found to be healing in a healthy manner. A small poultice was ordered to be applied to the lower part of the wound, just below the labial angle, to allow of the exit of any matter that might be found lodged there. On visiting her in the evening her bowels had not been opened, and the nurse was ordered to administer a domestic enema directly.

9. The bowels are still confined, but the wound is looking healthy, and she is free from pain.

Chloride of mercury, two grains;  
Compound extract of colocynth, in powder, five grains. To be taken at bed-time.

10. All the sutures were removed to-day from the wound, and she is going on well; warm water dressing, bowels confined; saline aperient draughts were ordered to be taken every four hours.

11. One ligature came away with the dressing; the superior part of the wound presents a weak and flabby appearance, and is to be touched with the nitrate of silver. Bowels freely open; going on well in every respect. Arrow root and beef tea for diet; three ounces of sherry wine daily.

12. No untoward symptoms have shown themselves, but she complains of being very weak. Ordered

Infusion of Cinchona, one ounce;

Peppermint water, half an ounce. To be taken three times daily.

15. The remaining ligature came away this morning; the wound is healing kindly, and is still dressed with warm water dressing.

19. The wound nearly healed, but she has had some rigors, and complains of feeling cold and chilly. The wine was ordered to be omitted; a dose of calomel and Dover's powder was administered immediately, to be followed by a diaphoretic saline draught every four hours.

21. Complains of slight cough; wound going on well.

Almond emulsion, solution of acetate of ammonia, of each six drachms;

Spirit of ammonia, tincture of henbane, of each twenty minims. Every six hours.

21. The cough is much better, but she is complaining of severe pain in the head, and between the shoulders; bowels open; spirits rather depressed.

Acetous extract of colchicum, one grain;

Sulphate of quinine, two grains;

Extract of henbane, three grains. To be divided into two pills and taken twice daily.

26. There remains a very small portion of the wound unhealed, and, as her spirits remain in a depressed state, she has been advised to leave the hospital.

#### THE HANWELL LUNATIC ASYLUM AND THE NON-RESTRAINT SYSTEM.

Our readers will peruse with much interest the following account of some recent proceedings of the Middlesex magistrates, relative to the non-restraint system. The exertions of Mr. Laurie, Sergeant Adams, and other friends of humanity in this good cause, are beyond all praise:—

Mr. Laurie said, he now rose to bring forward the resolution of which he had given notice on the occasion of their last meeting. The motion was, "To consider the Report of the Visiting Justices of the County Lunatic Asylum at Hanwell, and the Report of the resident physician thereto annexed, laid before the court on the last county day." In giving that notice of motion he had considered, seeing that after the trial of two years and upwards of the system of non-restraint, it was incumbent on that court to express such an opinion in reference to its working, and the results which had accrued, as should have the full effect of sanctioning its continuance, or to express such an opinion as should guide the committee of visiting justices with regard to their future conduct in reference to the adoption of that system. He confessed, the more so too, as he was about to propose a resolution approving of the working of the system, and recommending that it should be continued, he felt considerable anxiety as to the result. When the court became acquainted, however, with the fact that the interest upon this subject was very great, and that the result of the present day's proceedings was regarded and looked for with intense anxiety by numerous persons resident in France, Belgium, Germany, and America, indeed by all parties who were in any way connected with, or interested in, the treatment of lunatic patients, he was sure they would at once see the importance with surrounded the question, as to whether the magistrates of Middlesex would, by their vote of that day, sanction the continuance of the system of non-restraint in the Hanwell Asylum, and thus insure its adoption throughout the civilised world, or whether, by the expression of their opinion as against its continuance, check the progress of a plan which was one of the most humane, and one of the most benevolent, that human conception had ever been the parent of.



It was now nearly fifty years since ill treatment of lunatic patients was worse than that adopted in the lowest prisons of that time—since the receptacles for lunatics were worse in their construction than that of the worst arranged prisons. In those days the paroxysms and fits of insanity were visited with nothing else but cruelty and violence of the most abhorrent description. For an amelioration of that plan of treatment the world was indebted to France. That country had been the first to cause a change to be made in the general character of the treatment of unfortunate lunatics, and in one day no fewer than eighty patients had been released from the mechanical bodily restraints to which many of them had been accustomed for years. Shortly after the new plan had been introduced into England by the establishment of an asylum, called the Retreat, at York, an institution which had been established by the Society of Friends. The next place wherein a relaxation of coercion had been admitted was Bethlem; and, in reference to that hospital, it afforded him the highest satisfaction in being able to say that it had been entirely through the courage of a widow, the then matron, of the name of Forbes, notwithstanding the violent opposition of the medical staff of the establishment, that it had been so introduced. That lady had upon her own responsibility ventured to remove the manacles from a female who had been extremely violent, with the happiest results; and he was glad to add that the plan of treatment had continued in that place ever since. The plan had also been generally acted upon in France, but there were very many persons there who considered that it had not been carried out to nearly so great an extent as it might or ought to be. But what was the course now almost universally adopted? Why, that all institutions of this character were rapidly changing their system of treatment, and were introducing—very many of them had introduced, and with the greatest success—the plan of non-restraint. They were, in fact, doing that which he had long been of opinion ought to have been earlier done—converting lunatic asylums into lunatic hospitals for the cure of the disease. Every physician in the present day looked upon a case of insanity as a case capable of cure, and not, as was too frequently the case in former times, as a case incurable. In the time of Sir W. Ellis the idea of putting the patients at Hanwell to employment had been suggested and acted upon, and it had been attended with the best results. The trial had been made at Hanwell for upwards of two years, and had enabled their resident physician, Dr. Conolly, to say that all restraint might be dispensed with, and that, supported as he had been by the visiting justices since his appointment, he had carried out the system with such effect that the committee themselves had felt themselves to be in a position to express a similar opinion; and that, let it be remembered, in an establishment averaging nearly one thousand patients daily. During those two years, notwithstanding there had been that large number of patients afflicted with every description of insane delusion and violence, still there had not been a single instance wherein bodily restraint had been resorted to. The resolution he was about to propose did not pledge the court to the system, but only went to say, that so far as they had seen its operation in something more than two years, it had proved highly satisfactory and successful. He was anxious, as a proof of the well working of the plan, to call the attention of the court to one portion of the report, wherein a statement had been made by the matron of the asylum, relating to 41 cases. The report stated, that “a memorandum relative to restraints, furnished by the matron, comprehends 41 cases, almost all of which were in constant restraint of some kind or other previous to September, 1839. Fourteen of these patients were almost always fastened in restraint chairs, and twenty were almost always in a kind of strait

waistcoat, called sleeves; several were in complicated restraints, and some in a chair, and at the same time in sleeves, or the muff, or in leg locks. All these patients were liberated before the end of September, 1839; not one of them has been in restraint since. Thirty-seven are yet in the asylum, and there is not one who may not be pointed out as an instance of the improvement of the mental faculties, or of the habits, in consequence of never being subject to restraints during two years.” He thought that these instances were interesting proofs of the success of the system of non-restraint. Experience under Dr. Conolly had clearly established the fact, that a very large quantity of the cause of insanity was attributable to the presence of disease, and that attention to that disease, in nearly every case, had tended to remove, or to alleviate, the symptoms of insanity.

The learned magistrate then proceeded to read various extracts from the report of Dr. Conolly, with a view of showing the admirable operation of the system. He also called attention to the fact, that although there had been eight cases in the Hanwell Asylum during the past year, in which the patients had been previously disposed to the commission of suicide, yet, after the withdrawal of all mechanical restraints, there had not been any one instance where the patient had made an attempt upon his life. He also referred to the gratifying reports which had emanated from the magistrates of Lincoln, Lancaster, and the numerous other counties, in regard to the successful working of the system of non-restraint. He would now move a resolution to this effect, “That on a full consideration of the reports of the visiting justices, and of the resident physician, of the County Pauper Lunatic Asylum at Hanwell, presented on the county day of the last Michaelmas quarter sessions, the court is of opinion that the system of management pursued therein for the last two years has been attended with highly beneficial results, and affords strong evidence in support of the opinion that the personal coercion of the patients may be safely abolished by the substitution of uniform kindness, sufficient superintendence, and constant vigilance, and also that such system tends greatly to the amelioration of the condition, and the increase of the comforts of the patients; and on these considerations, this court now express their confidence in the advantages, and their sanction of the continuance, of the system of non-restraint, as now practised in the Hanwell Asylum.”

Mr. J. Wilson seconded the motion with great satisfaction.

After some discussion,

Mr. Sergeant Halcombe moved, as an amendment, “That the further consideration of the subject be postponed until the next county-day, or until the proceedings in the Court of Queen’s Bench had been brought to a conclusion.”

Colonel T. Wood seconded the amendment, because he thought the hon. members of that bench had not come down prepared for such a resolution as that which had been proposed by the hon. and learned gentleman opposite.

The amendment having been put, was negatived by a majority of 39 to 7.

Mr. Sergeant Halcombe then rose and opposed, in a speech of great length, the original resolution.

Mr. Sergeant Adams, in a most able and eloquent address, completely confuted every statement which had been made by his learned brother, and advocated with much sincerity of feeling the resolution which had been proposed in favour of the system of non-restraint—a system which in its working had been triumphantly successful, even beyond what its most ardent admirer could have looked for.

After a few words from Mr. Tulk and Mr. Walesby, the motion was carried by an overwhelming majority, scarcely a hand having been held up against it.—*Times*.



## HOUSE OF RECOVERY, CARLISLE.

## STATISTICS OF TYPHUS FEVER.

Among the charitable institutions of this city there are none more useful, beneficial, or more important than the House of Recovery. Twenty-one years have now elapsed since this institution was first opened for the reception and cure of persons affected with contagious fevers, and every year has evinced many proofs of its great usefulness. The spreading of contagious fevers has been frequently prevented, and the health of the inhabitants of this city and neighbourhood essentially promoted.

1,756 patients have been admitted into the House of Recovery, all of whom were placed in well ventilated rooms, were properly bathed, and dressed in clean linen of the house, were supplied with the best medicines and provisions, and many of them with wine and other expensive articles. Clothes were furnished them while they remained in the house, and they had the regular attendance of nurses as well as gratuitous attendance and advice.

During the first year typhus fever has been unusually prevalent; more patients labouring under the disease having been admitted into the house this year than in any preceding one, with the exception of the year 1838, in which the number of admissions amounted to 265.

On December 1, 1840, thirteen patients affected with typhus fever remained in the house under treatment, all of whom recovered. 169 patients affected with the same fever have been since admitted, 19 of whom were brought from the country, and 3 from the workhouses of this city and neighbourhood. Many proofs of the malady being propagated by contagion have been met with in the last year. Several patients referred their illness to contagion; and it could be distinctly traced, in many instances, from one patient to another. In other cases, cold, wet, or fatigue were assigned as the cause, though these patients might also have been exposed to the influence of contagion, without being aware of the fact.

The following table exhibits the monthly admissions and deaths in typhus fever for the past year:—

1840—41.	Admitted.			Died.		
	Males.	Female.	Total.	Males.	Female.	Total.
December	26	14	40	3	—	3
January ..	24	22	46	—	—	—
February	7	9	16	3	1	4
March....	3	5	8	1	1	2
April.....	5	7	12	1	1	2
May.....	5	3	8	2	1	3
June.....	5	6	11	2	—	2
July.....	3	3	6	—	1	1
August....	2	2	4	—	—	—
Septembr.	3	3	6	—	1	1
October...	2	3	5	1	—	1
November	4	3	7	—	2	2
Total. ..	89	89	169	13	8	21

From the above table, it appears that typhus fever, as in some former years, was very prevalent in December and January, after which it abated, and the number of cases admitted into the house decreased as the year advanced; more than three times the number of patients being admitted in the first six months than in the last six months of the year, which

is a remarkable circumstance when compared with the preceding year, in which the disease increased as the year advanced, and in which only about half the number of cases occurred in the first six months as in the last six months of that year.

The following are the total admissions of fever cases for the last four months of the preceding year—viz., August 22, September 25, October 12, November 21. In the present year, as shown by the above table, the admissions have been 4 in August, 6 in September, 5 in October, and 7 in November. On the 1st December, 1840, 13 cases of fever remained in the hospital. At present, December 1st, 1841, there are only three patients on the books, and two of them are convalescent.

The following table is similar to the tables contained in some former reports of the institution, and shows the number of fever cases treated in the past year, the mortality of males and females, and the proportion of deaths in both sexes in each of the decennial periods of life:—

Age.	Total treated.	Total died.	Males treated.	Males died.	Female treated.	Female died.
0 to 10	21	1	9	0	12	1
11 to 20	54	6	34	3	20	3
21 to 30	40	3	19	2	21	1
31 to 40	23	4	11	3	12	1
41 to 50	17	2	10	2	7	0
51 to 60	12	4	5	3	7	1
61 to 70	2	1	1	0	1	1
Total ..	169	21	89	13	80	8

Proportion of Deaths in Males.		Proportion of Deaths in Females.		Proportion of Deaths in both Sexes.	
.. ..	..	1 in 12	..	1 in 21	..
1 in 11.33	..	1 in 6.66	..	1 in 9	..
1 in 9.5	..	1 in 21	..	1 in 13.33	..
1 in 3.66	..	1 in 12	..	1 in 5.75	..
1 in 5	..	.. ..	..	1 in 8.5	..
1 in 1.66	..	1 in 7	..	1 in 3	..
.. ..	..	1 in 1	..	1 in 2	..
1 in 6.84	..	1 in 10	..	1 in 8.04	..

The above numerical results show that the mortality in typhus fever is greatest above fifty years of age, and least under ten years, which accords with the experience of previous years. Youth is much more favourable for recovery from fever than advanced age. Individuals under ten years of age appear to have the best chance of recovery. On the whole, a less number of deaths, in proportion to the recoveries, has occurred in the past than in the preceding year. In the past year the proportion is 1 in 8.04, in the preceding year 1 in 5.14. The proportion of deaths from typhus fever in the past year is really less than 1 in 8, as shown in the above table, two female patients having been sent to the house in the last stage of pulmonary consumption, to which complaint, more than to fever, their deaths may be fairly attributed.

In several instances the fever spread to persons residing in the same house, and several members of families were admitted as patients in succession. In one family five persons, in another six, and in a third family ten persons were admitted into the fever house, affected with typhus fever, in succession. An early separation and removal of the first infected would probably have prevented the disease spreading, and saved many persons much affliction and suffering, as a very small proportion of those who are fully exposed to the contagion of fever escape the disease.—*Carlisle Journal*.

## CHARCOAL FILTERS.

The *Annales d'Hygiène* for October, contain an elaborate article on this subject by M. Gaultier de Claubry. The disinfecting power of charcoal depends on a property which has been long known to reside in that substance. When charcoal, from the pores of which all gas has been expelled, is placed in contact with gas, it absorbs the latter in variable quantities; hence when charcoal disinfects water, it does so by absorbing the impure gases, which are gradually formed by the decomposition of certain substances contained in the fluid. The first point, then, to be ascertained is, to determine the limits of the purifying power of charcoal. The experiments of M. Gaultier, prove that the charcoal loses its effect after having purified 333 times its weight of tainted water. However, as the fluid generally submitted to the filtering process is but slightly tainted, we may allow one part of charcoal to one thousand of water. Hence, we may conclude that the quantity of charcoal employed in large establishments and in domestic filters, is never proportionate to the quantity of water to be purified, and that, after a short time, it merely acts as a filtering substance, its disinfecting properties being completely exhausted.

## DEATH OF PROFESSOR DON.

We regret to have to announce the death of this distinguished naturalist, which took place at the Linnean Society's apartments, Soho-square, London, on Wednesday, the 8th instant. He was the second son of the late Mr. George Don, whom some of our readers will remember as long the Curator of the Royal Botanic Garden, Leith-walk. About twenty-five years ago, Mr. David Don went to London, carrying with him an introduction from a friend to the celebrated Robert Brown. This gentleman soon perceived and duly appreciated the merits of the young Scotch botanist; and through his powerful recommendation he was successively appointed Keeper of the Lambertian Herbarium and Librarian to the Linnean Society. In 1821, he accompanied his early friend to Paris, and thus formed acquaintance with some of the most eminent continental naturalists, among whom were Humboldt, Cuvier, and Delessert. Mr. Don's *Prodromus Floræ Nepalensis*, and various excellent papers in the Linnean Transactions, having brought him prominently into notice in the botanical world, he was chosen Professor of Botany in King's College; and he may be said to have fallen a martyr to his zeal as a lecturer there, for he resolutely delayed till the end of the session an operation, recommended by Sir B. Brodie, by which his life might have been saved, and it was then found too late.—*Edinburgh Courant*.

## LIFE OF A MEDICAL MAN.

There is not any career which so rapidly wears away the powers of life, because there is no other which requires a greater activity of mind and body. He has to bear the changes of weather, continual fatigue, irregularity in his meals, and broken rest; to live in the midst of miasma and contagion. If in the country, he has to traverse considerable distances on horseback, exposed to wind and storm; to brave all dangers, to go to the relief of suffering humanity. A fearful truth for medical men has been established, by the table of mortality of Dr. Casper, published in the "British Review." Of 1,000 members of the medical profession, 600 died before their 36th year; whilst of persons leading a quiet life, such as agriculturists or theologians, the mortality is only 347. If we take 100 individuals of each of these classes, 43 theologians, 40 agriculturists, 85 clerks, and 32 soldiers, will reach their 70th year; of 100 professors of the healing art, 24 only will reach that age. They are the sign-posts to health; they can show the road to old age, but rarely tread it themselves.—*Chambers' Journal*.

## PUBLIC HEALTH.

It is gratifying to find the friends of public health are bestirring themselves. Cemeterial interment is rapidly progressing. In several of the provincial towns, as, for instance, Reading and Southampton, cemeteries are already in process of formation. The medical practitioners of Carmarthen have, within the last month, unanimously denounced the grave-yards, justly considering them as nurseries and hotbeds of disease.

## PROFESSORSHIP OF POLITICAL MEDICINE.

As we predicted, Dr. Maunsell has been elected to this professorship, recently created by the College of Surgeons in Ireland. Dr. Maunsell is well qualified to fill the office which has been bestowed upon him, and we anticipate much benefit from his labours in this sadly neglected branch of political economy.

## BOOKS RECEIVED.

Traite Pratique des Accouchements. By F. G. Moreau. Tome II. Paris: Germer Bailliere, 1841. 8vo.

The Double Flap and Circular Amputations Contrasted, &c. By F. N. Machardy, M.D. London: Simpkin and Co., 1841.

Researches on the Non-Vascularity and the Peculiar Organization, &c., of Certain Animal Tissues. By Joseph Toynbee, &c. From the Philosophical Transactions, 1841.

The Retrospective Address, delivered at the York Meetings of the Provincial Medical and Surgical Association. By R. J. N. Sreeten, M.D.

Hints Towards the Adoption of an Improved System of Remunerating the General Practitioner. By T. M. Greenhow, Newcastle.

## CORRESPONDENTS.

*An Old Correspondent*.—We have seen the dastardly note, which has merely excited our profound contempt. The allusion to "a certain place" comes well from a person who is notoriously dishonourable in his money transactions; and, instead of a "cripple," he may chance to light upon one who is as *able* as he is *ready* to teach him civility.

We are unable to find room this week for several communications, and amongst them, for the Report of the Westminster Medical Society.

We shall be glad to receive Mr. C. T. Edwards's communication on the "Metalloids," &c.

*Probe*.—We are quite aware of the character of the "abortion" who spies for the notorious medical print, "which no respectable person would be seen reading." If the tiny eaves-dropper does not look sharp, he may get a squeeze which he will not easily forget.

*Spontaneous Combustion*.—Our correspondent's remarks are too unconnected in their present form for insertion. We beg to refer him to the editor of the "Lancet" for more precise information on that singularly interesting phenomenon.

Letters and communications have been received from Dr. Fosbroke; Dr. Knight; Mr. Toogood; Dr. Burgess; Dr. Burton; Mr. C. T. Edwards; Mr. Nottingham; Mr. Chalmers; Dr. Tunstall; Dr. Knott; Mr. Husband; Dr. Moran; Veritas; most of which we hope to find room for in our next.

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## COURSE

OF

## LECTURES ON PHYSIOLOGY & SURGERY.

By JOHN HUNTER, F.R.S.,

(From the Manuscript of Dr. Thomas Shute.)

### Lecture XVII.

#### VIRULENT GONORRHEEA.

GENTLEMEN,—In describing this disease, those symptoms which constantly attend it, and are most common, will be first spoken of.

The seat of this disease is in the urethra, about an inch or an inch and a half usually from the orifice. It is by far the most frequent place of reception; sometimes, though rarely, it is received on the glans in form of a clap, but then its situation is round the corona glandis, at the junction of the glans with the corpora cavernosa, there the cuticle being the thinnest. In what manner it gets into the urethra is difficult to say; it is supposed to be during the time of coition, but that can not well be conceived, for the pressure at that time must be everywhere equal; probably it is received on the orifice at that time, and afterwards insinuates itself. An officer, whilst in Germany, last war, received a severe clap by sitting on a necessary. The necessities there are of a conical figure, plastered round with lime. One day, after sitting on one of them for a considerable time, when he arose he found something give his penis a pull; on looking at it, he found that a bit of mortar had stuck to his penis, which he removed; a few days after he had a severe clap, although he had not been connected with any woman for many weeks before. The inflammation appears to be of the slightest kind, there being no throbbing, and very little pain, except at the time of making water. There are three symptoms which constantly attend the disease; inflammation, pain in making water, and a discharge of matter. In what manner the part is first affected is difficult to say, perhaps differently at different times. The first attack is probably attended with some little pain, though frequently so slight as to pass unnoticed.

At first there is usually an itching at the orifice; this increases, and it soon becomes painful; it is attended with a running and pouting of the lip of the urethra, which has a transparent appearance similar to a ripe Kentish cherry; this arises from the extravasation of serum. This last symptom I think the most certain. The orifice of the urethra is often slightly excoriated, and the glans round it. The urine passes in a small stream, from its canal being tightened, the spasmodic contraction of the urethra and muscles acting less forcibly in expelling it, being retarded by the pain; the stream is often scattered, arising from the irregularity in the urethra; the least irregularity produces this effect, even when it is as low down as the prostate.

No. 66.

The chordee arises from the extravasation of lymph on one side; this, filling the cells of the reticular membrane, prevents the distention on that side, which causes the penis to bend as a bow when erected; the bend is generally downward, sometimes on one side. This symptom is owing to the inflammation being deep seated. It sometimes continues after the disease is gone, when there is nothing venereal remaining. The inner membrane is sometimes torn in erection, causing a considerable hæmorrhage, which frequently greatly relieves the symptoms. The glans at first has a greater fulness than usual, the penis appearing in an half erected state. The discharge from transparency changes to a watery discoloured appearance, sometimes yellow, at other times green, the darkness of colour depending on the increased degree of inflammation: when it is of a green colour, perhaps, it is mixed with a little blood. As the inflammation abates, the discharge gradually changes to pus. The discharge sometimes smells very offensively; this may, perhaps, arise from its being secreted by an irritated surface. Some say that its smell is of a peculiar kind.

The small glands of the urethra may sometimes be felt in knots. The glands sometimes suppurate, and their ducts are often found full of matter. From the violence of the inflammation sometimes the vessels burst. The discharge and inflammation probably does not extend far; for, if it was to collect at the bulb of the urethra, it would be thrown out in jerks. The bulb of the urethra is so constructed as not to admit of a drop of anything to rest there; therefore, the last drops of urine, when they reach there, are thrown out by jerks. Such construction was necessary for the evacuation of semen, that it might be thrown out as soon as collected in the bulb: this was the intention of nature in making this part thus irritable; and from its irritability it throws out every fluid in the same manner, though there can be no reason whatever for the urine to be thrown forth in jerks. The muscle, called Accelerator Urinæ, is therefore wrongly named, that not being the intentional use of nature. The matter is only formed, perhaps, where the pain exists.

When the urethra is irritated, all the parts about the pelvis sympathise with it. The patient feels a weariness about the loins and hips, not being able to sit still on a chair, moving continually from side to side to get into an easy posture. Abscesses sometimes form in perinæo. These abscesses, perhaps, begin to form in the small glands, in the coats of the urethra; the bladder becomes irritated, and the urine is often discharged involuntarily, giving great pain from the inflammation of its muscular coat. The action of this muscle is involuntary; therefore, when it begins to contract, we cannot stop its action; but, from the dread of pain in making water, we endeavour to keep

it in, and this causes considerable pain. The sympathy is sometimes carried to the ureter and kidneys, giving pain in the loins; and from the kidneys it may be communicated to the stomach, and then to the head; thus there may be a chain of sympathies affecting the constitution. The glands in the groin may be affected sympathetically, causing a bubo, from the irritation of the lymphatics in the urethra. The prostate, vesiculæ seminales, and Cowper's glands, may sympathise with the other parts. The testicle often sympathises with the urethra; the urethra may produce such effects, when irritated from any cause, by a bougie or a stimulating injection.

The inflammation of the testicle is not venereal, and will get well of itself; when it is first affected, it has a pulpy feel, the epididymis swelling first. The inflammation of the testicle gives a pain in the loins; why such a symptom is produced is not easy to tell. It may be said that the spermatic nerve arises from that part; but we do not find that other parts, when inflamed, give pain at the origin of the nerves; whether it may arise from the testicles having been once situated there, is not easy to determine. The bowels sympathise with the testicles, producing colicky pains. When there is a thickened prepuce, there is often a hard chord continued from it along the penis; what this is I cannot determine, for it is not to be felt at any other time. There never is the same feel from ulcers on the prepuce or glans; it does not appear to be a lymphatic. The varieties of symptoms produced are endless.

The time of the infection appearing, after it has been received, is usually from thirty-six hours to twelve days. A man of fashion, who was married, had not the symptoms come on until four weeks after a connection; during this time he had strange uneasy sensations about his genitals and pelvis, which affected him constitutionally, producing slight rigors and feverish heats; at the end of a month he had the running and other symptoms of a clap come on. In this intermediate time this gentleman was connected with his wife, but she received no injury, which is a kind of proof that the disease can only be received by matter.

Although the disease makes no appearance for several weeks, yet the poison never probably lies dormant for such a length of time. In the case just mentioned, it produced such symptoms as to show it was not inactive. Those who have been clapped frequently, have a kind of fluctuating gleet, which comes on every now and then, causing a suspicion of a recent infection when there is none; half the claps in this town perhaps, are of this kind. These gleets are something similar to the fluor albus. The same gentleman received a second infection some time after, and he had the same symptoms preceding those of the clap; in this last it was six weeks after the connection before the symptoms of a clap came on.

### Lecture XVIII.

#### GONORRHEA IN FEMALES.

The disease in women is not near so complicated as in men, their parts being much more simple. This is one reason why the disease is not so easily known in them as in men. A second reason is their being very subject to a disease which is very similar—the fluor albus. This disease is so much like it, that it is impossible to distinguish one from the other by appearances only. The discharge increasing is no proof, nor the colour; for the fluor albus is sometimes yellow, and changes to green, likewise varying in quantity. The only rule we have to go by is the preceding circumstances and consequences. That is, if she has been known to be connected to an injured man, or has infected one. But such circumstances are no absolute proof, for it is very possible for a woman

to have such connection and receive no injury, and from such connection to communicate it to another person who cohabits with her, without receiving it herself, the matter being lodged in the vagina. Therefore there does not appear to be any symptom or testimony which can absolutely prove that a woman is clapped.

The symptoms of the disease will be according to the parts which are concerned. Sometimes it causes very disagreeable sensations; the labia, nymphæ, and orifice of the urethra become sometimes exceedingly sore, not bearing to be touched; all the urethra becomes inflamed, and gives great pain in making water. The vagina is not a very sensible part; therefore, when the disease is only there, it causes little pain. The inside of the labia, nymphæ, and clitoris have great sensibility, similar to the glans in males, therefore, when they are inflamed, they give great pain. The symptoms in females are milder, from the parts undergoing no change, except in making water, which is not the seat of the disease in them; whereas, that being the seat in males, and the frequent changes which the parts undergo from involuntary erections, very much aggravates the symptoms, and chordee, swelled testicles, &c., which are symptoms that cannot exist in females. Sometimes they have the bladder sympathising with the urethra, as in men. Some authors have spoken of the ovaria swelling, but this I do not credit.

A man having a clap after being connected with a woman is no proof that he received it from her; it should not always be attributed to the last connection, because it might have been caught in some preceding connection. No proof can be had of a woman's injuring a man but from a man of veracity, who assures you that he has had no connection with any other woman for many weeks before.

A gentleman who had been clapped took a kind of aversion to the disease, and was determined in his own mind never to get the disease again; he therefore provided himself with a cargo of machines to take with him to Turkey, where he was going as a volunteer to join the Russian army, which was then at war with the Turks. On his return to England he still continued the same precaution. He became acquainted with a celebrated lady, who was kept by a nobleman's brother; with this lady he had frequent connections, but not without the use of his machine; he being very intimate with her keeper, and finding that he had no complaint, he one day thought he might venture without any precaution, the consequences of which was that in a few days he found he was clapped; this was four years after his former clap. He applied to me, and desired I would examine the lady, which was likewise her own request, fearing that she might injure her keeper. I went without giving her any notice, that she might not have an opportunity of cleaning the parts, and I could not find that she had the least symptom. I desired that she would acquaint me in confidence whether she had connections with any others beside her keeper and his friend; she assured me she had not, except with a merchant in the city, who was a married man, who she believed was not injured, nor her keeper neither. Such instances as these are frequent, and how it happens is difficult to determine. Her keeper or the merchant might have been connected with another woman, have received some venereal matter, and have deposited it in the vagina of this lady without its affecting either of them, and this gentleman, who was injured, might have received it in that manner. Another way of accounting for it is, by supposing that she might be injured without knowing it, and that her keeper and the merchant did not receive it from being accustomed to such stimulus; and that the third gentleman caught it from not being habituated to it for four years. Whether the disease can continue in a slight degree in women for many months, without wearing itself



out, is not certain, but if it is so in them it is different from what it is in men.

From some very strong proofs, it appears that the disease is capable of going on in women for years, and that unknown to themselves. The venereal matter in women is very apt to run down the perineum, and produce chancres about the anus, and claps sometimes. This disease is entirely local in both sexes, but the constitution frequently sympathises with it, causing small rigors. This is most frequent in those who have the suppuration late. When there is pain in making water from an inflammation of the meatus urinarius, and a discharge from that part, it is a pretty certain symptom of infection; but it requires a very nice examination to discover from whence the discharge comes. The *caruncula myrtiformis*, being very sensible parts, become very painful when inflamed. From some cases which have come under my notice, the disease appears to continue in the vagina for years, without apparently affecting the patient, although capable of infecting another. If so, it is very different from what it is in men, for there it always wears itself out. In my next Lecture I shall speak of the Treatment of Virulent Gonorrhœa.

## OBSERVATIONS

ON THE

## CLIMATE, TOPOGRAPHY, AND DISEASES

OF THE

## BRITISH COLONIES IN WESTERN AFRICA.

By E. J. BURTON, M.D.,

*Assistant-Surgeon to the 25th Regt., late Assistant Surgeon to the Royal African Corps.*

### No. II.

It is a circumstance of the first importance in the selection of situations for the erection of public buildings in tropical countries, to choose, if possible, a location at least three hundred or four hundred feet in altitude. During the dreadful epidemic, which, as far as regards the white inhabitants, nearly depopulated this coast in the year 1837, not a single case of yellow fever appeared amongst the military quartered on Tower Hill, nor indeed did any one case originate in an elevated situation. The temperature of the officers' barracks is also several degrees less than at Freetown; in all countries the atmosphere is much cooler in high situations, a sufficient reason in itself for selecting such elevated places as sites for public buildings or towns in tropical countries. Besides Freetown, there are many villages established in the vicinity of Sierra Leone for the purpose of locating the negroes, snatched from the inhuman grasp of the degenerate dealer in human flesh; it is unnecessary to describe these more minutely, as from their inland situation they are never likely to become mercantile establishments of any extent or importance, and consequently never the seat of government or the residence of any number of military or white inhabitants; it may, however, be observed, that they are much more healthy than Freetown, a circumstance attributable to their more elevated situations, and consequently greater exemption from swamps and damp exhalations. At the village of Kissey, about four miles from Freetown, are situated the Liberated African Hospitals, buildings of some extent, and capable of containing several hundred patients. These hospitals are under the superintendence of the colonial surgeon and his assistants. The climate of Sierra Leone has hitherto proved itself incomparably more destructive to human life than any of our tropical possessions, and why it is still retained as a British colony, it is certainly not easy to determine, unless, indeed, it be for the purpose of getting rid of our surplus population, and consigning annually to the

grave hundreds of the brave defenders of the "wooden walls" of old England. It is scarcely credible the number of sailors, that yearly fall victims to the excessive unhealthiness of this coast; it is quite a common occurrence to see whole ships' crews swept off by fever. Were it not out of place in a medical journal, it could easily be shown that, in a mercantile point of view, this colony is valueless; as a settlement for the location of liberated Africans, far inferior in every way to many of our colonies requiring African labourers; and as an appendage to Great Britain, worse than useless, and certainly not worth the expense of its retention. From the not inappropriate name of the "white man's grave," which this settlement has so justly acquired, it might be supposed alone prejudicial to the health of the white inhabitants, but this would give a very confined and inadequate idea of the insalubrity of this pestilential place; the black, the coloured, and the white all suffer from it, although not in an equal degree; it may, indeed, be described as a climate unfavourable to the human constitution in general, but more especially and pre-eminently so to the European. Every stranger, of whatever race, country, or climate, must undergo the ordeal of acclimation or "seasoning," as it is familiarly termed on the coast, an unpleasant process, not unfrequently terminating in the grave. This settlement is at present continued from the most benevolent motives, but certainly carried on at such an expense of human life, that it becomes a question of grave consideration, whether the benefits resulting from it are such as to justify so great a sacrifice.

A French medical man, who about 25 years ago published at Paris a pamphlet on Sierra Leone, stated the country to be so unhealthy that even English horses, cows, fowls, dogs, &c., speedily fell a sacrifice to the baneful influence of the climate. Readers in general would feel inclined to suppose the above statement grossly exaggerated, and I must confess that on reading it some years ago, not with very pleasant feelings, when about to sail for Sierra Leone, I was of that opinion myself, until by subsequent observation and experience I found the statement perfectly correct and true. The year may be, and, indeed, invariably on the coast, is, divided into the rainy or unhealthy, and the dry or healthy seasons; the former commencing in the month of May, and the latter in November: there is sometimes some slight variation in the commencement, duration, and ending of the seasons, but nothing of sufficient consequence to militate against the general correctness of the above division. The rainy season is the signal for the commencement of fever, the disease by which most of the Europeans are carried off, and to which not a few of the natives also fall victims. Although fevers abound in the rainy season, they are not confined to it; no such good fortune attends this ill-fated colony; they also appear, though not frequently, during the dry, or as it is miscalled, healthy season.

The wet season is ushered in by a series of tornadoes, sublime, but awful atmospheric convulsions, apparently destined by Providence in some measure to purify the loaded and stagnant air, which before a tornado is extremely close and oppressive. The approach of a tornado is generally marked by an extremely black cloud at the verge of the horizon, at first very small, but gradually increasing in magnitude as the storm approaches; a low rustling sound is then heard, accompanied by gentle claps of thunder, quickly followed by gusts of wind so powerful and irresistible, that the largest forest trees are levelled with the ground; houses not unfrequently unroofed, sometimes knocked down; ships dismasted, sometimes upset or stranded. The peals of thunder are loud, violent, and frequently repeated; the lightning vivid and forked, sometimes spreading itself over the whole canopy of the heavens, and often causing much damage, besides loss of life. The scene is then

closed by rain, falling in such deluging torrents as, I believe, were never witnessed except on the Western Coast of Africa. After a tornado the atmosphere becomes cool and pleasant—all animated nature, which just before appeared on the point of annihilation, now seems vigorous and refreshed. The rains are at their highest at Sierra Leone in the months of July and August, and begin to abate in the month of September, and are generally finally at an end towards the latter part of October. The dry season commences in the month of November, and with it what is termed the healthy season; the most healthy, or more properly speaking, the less sickly months, are December, January, February, and March. The heat at Sierra Leone is not excessive in degree, but, during the absence of the sea breeze, there is a closeness and

oppressiveness almost intolerable. About Christmas an easterly wind springs up, called the *harmatan*\*; it is of an exceedingly searching and drying nature, causing furniture, glass, &c., to split and crack in an extraordinary degree; to the person newly arrived in Africa it proves extremely cool and agreeable, but to the “seasoned” European or native African, it is a source of annoyance not only unpleasant, but unwholesome, causing dryness of the skin and mucous membrane of the fauces and lips; it also brings on coughs, colds, and not unfrequently attacks of intermittent fever. The subjoined table, which, if anything, is rather low, shows the usual range of the thermometer at this station; but the heat varies not a little in different years:—

	Fahrenheit Thermometer.			Remarks.
	Max.	Med.	Min.	
January . .	86	80	79	Dry weather, comparatively healthy, harmatan winds.
February . .	87	80	80	Dry weather, comparatively healthy, harmatans, sometimes hazy
March . .	86	80	79	Dry, comparatively healthy, sometimes foggy weather.
April . .	84	81	79	Beginning, dry weather, generally healthy, a few showers.
May . .	85	80	79	Rains commenced, some fine weather, fevers begin.
June . .	80	80	78	Heavy rains, fevers abound.
July . .	84	80	78	Ditto Ditto
August . .	82	80	75	Ditto Ditto
September .	83	80	78	Occasionally heavy rain; fevers, chiefly intermittents.
October . .	83	80	78	Very little rain, agues abound.
November .	83	81	79	Dry and fine weather sets in, fevers abate.
December .	85	82	77	Dry, and comparatively healthy.

Sierra Leone was formerly garrisoned by white troops, but such was the dreadful mortality amongst them, that it was found expedient to raise a native force, at first called the Royal African Corps, now termed the 3rd West India Regiment; the duties are now chiefly performed by the latter regiment: there are also stationed there recruiting companies of the 1st and 2nd West India Regiments. The officers of these regiments suffer very much from the fevers and other diseases incidental to the climate, but the mortality amongst them for some years back has not been so great as might be expected, considering the great unhealthiness of the country, and the harassing nature of the duties they sometimes have to perform. In addition to the officers of the West India Regiments, there are also stationed at Sierra Leone those attached to the commissariat and ordnance departments. There are many civil officers belonging to the several departments of the government, such as the colonial secretary's office, liberated African departments, mixed commission court, the law officers, &c. &c. The Church and Wesleyan Missionary Societies have many clergymen at Sierra Leone; also in the adjoining villages, and by their exertions many natives have been induced to embrace Christianity. The remainder of the white inhabitants are chiefly employed in mercantile pursuits. In my next I purpose giving a description of the settlement at the river Gambia.

\* [The harmatan wind is exceedingly noxious in other parts of the African continent, and is a fertile source of fever. As for example, when it blows from the south-east over the coast of Guinea, being loaded with vegetable exhalations, with which it impregnates itself while sweeping over the immense uninhabitable swamps, and oozy mangrove thickets of the sultry regions of Benin. This destructive poison, in the year 1754, is said to have killed so many, that in several negro towns the living were not sufficient to bury the dead!—EDITORS.]

## CASES OF LARYNGEAL ASTHMA; OR, THE CROWING DISEASE OF INFANTS.

By THOMAS H. BURGESS, M.D.,

Surgeon to the Blenheim Street Dispensary and Infirmary

Anne P—, a healthy infant, ten months old, was suddenly attacked with laryngeal asthma on Monday, Nov. 16, 1841. I was in attendance on the child for some weeks previous to that date, during which period the little patient had several severe fits of convulsions. The mother informed me that, in consequence of pains in her chest and side, which prevented her from turning in the bed, or even stooping, she was obliged to wean the child when it was six months old. From its birth it was remarkably healthy and lively, but very passionate. When eight months old the two lower incisor teeth appeared, without occasioning any untoward symptoms. The child continued in excellent health for five or six weeks subsequent to that event, with the exception of the bowels being slightly constipated. It was fed on “milk sop” from the time of its being weaned up to the date when I first saw it. On Saturday, October 23, the infant was very restless and uneasy all day; towards night the indisposition increased considerably, and symptoms of approaching convulsions became manifest. I saw the child for the first time late in the evening of this day; a convulsive paroxysm ensued immediately on my arrival; the pupils were dilated, the thumbs clenched in the hands, the mouth was contorted, and the whole frame was in a state of rigid spasm. The child was instantly put into a warm bath, containing about two tablespoonfuls of mustard.



In about five minutes afterwards the spasm and other convulsive symptoms gradually began to subside, and before fifteen minutes had elapsed every untoward symptom vanished. The gums were now freely lanced, when the two upper incisor teeth appeared immediately below the surface. The bowels were opened with powders containing calomel and jalap, and a teaspoonful of the common black draught after each powder. The gums were hot and swollen prior to being lanced; they bled pretty freely; the temperature of the head was not above the normal state; the fontanelles were natural. On inquiry of the mother if she had ever noticed a crowing sound during inspiration since the child was weaned, she informed me that she had not, but was in great alarm lest that affection should occur in the case of her child, a friend of hers, a Mrs. Arnold, having lost a fine infant, the same age as her own, in a paroxysm of the crowing disease. Mrs. A.'s child was weaned when six months old, it was very healthy, the process of dentition was proceeding to all appearances favourably, and the child had cut several teeth, when the first indication of the crowing disease became manifest. The crowing sound did not occur as frequently as it usually does after the disease is fully developed, but when it did occur, the stridulous noise was loud and protracted; the child got black in the face during the paroxysm. Mrs. A. took her infant in an omnibus to a distant part of the town, to procure some winter clothing; it was in perfect health on that day; she was absent from home about two hours; on her return, and while she was in the act of paying the conductor of the omnibus, a crowing paroxysm ensued, and the child that was in perfect health a moment before expired suddenly in her arms.

Since hearing of the death of this child the mother of my little patient was alarmed for her own infant, which she constantly watched over, but never observed the slightest tendency to the crowing noise up to the date of my first visit. When she sent for me, however, she was afraid that the crowing, or to use her own phrase, the croupy disease was about to appear, and the convulsive fit was merely the forerunner of that dangerous complaint.

On the 25th the child again became restless and uneasy. There was considerable intestinal irritation and pain all over the region of the abdomen; the child screamed violently all day, and by starts. The gums, which were swollen and red, were freely lanced; powders, containing about three grains of hyd. c. creta, were administered two or three times during the day; and a mixture containing the syrup of poppies allayed the pain effectually after the third dose. From this date to November 16, the gums were obliged to be lanced every third or fourth day, from the irritation of the mouth, and the tendency to convulsions. On November 16 I was suddenly sent for. Before entering the room in which the little patient lay, I heard the peculiar and characteristic sound of laryngeal asthma, that disease being now perfectly developed.

The frost had set in pretty sharply, and continued for several days from this date.

The crowing paroxysms increased gradually in intensity and duration to the 20th, when the disease seemed to have reached its height. There was emprosthotonos, contraction of the thumbs within the palms of the hands, and dilatation of the pupils, during each attack. The child was ordered light food, consisting chiefly of Le Mann's tops and bottoms, and the bowels were purged briskly for several successive days, with calomel, jalap, and scammony. With the exception of the irritation of the gums, occasioned by the teeth which had not yet come through, the infant was in excellent health and spirits; and, singular to say, the crowing paroxysms were invariably excited whenever the little patient laughed heartily, but they never arose from crying or

"passion fits." This, I believe, is the reverse of what is usually observed in the progress of the disease.

For several successive days from the above date the child was free from all spasmodic tendency; the gums, however, were lanced as usual, as the irritation of the teeth still existed, although considerably abated; the infant being now subject to sudden twinges of pain, instead of the continued harassing irritation which marked the early progress of the complaint. This relaxation of the spasmodic affection was but of short duration, for, on the fifth day from the last paroxysm, the crowing sound again became manifest, and resumed its former dangerous character. The temperature of the head, which up to this period continued natural, became greatly augmented, and was accompanied with a throbbing of the fontanelles. The gums were again lanced, cold lotions were applied to the head, the drastic purgatives were freely administered, and, at the close of the second day from the reappearance of the crowing fits, the two upper incisor teeth came through the gums, and thence the disease gradually subsided.

## REMARKS.

In some papers which I published in the "Lancet" in 1833, I ventured to call this disease "Laryngeal Asthma,"\* with the view of more accurately expressing its real nature, and to obviate the confusion resulting from the great variety of vague appellations—Miller's asthma, thymic asthma, asthma infantum, laryngismus stridulus, spasmodic croup, &c.—which has been bestowed on it by writers. Most of these names convey a false notion of the pathology of the complaint, and the last in particular should be guarded against, as likely to confound it with croup—an inflammatory affection—the crowing disease being now admitted on all hands to be a purely nervous disorder.

This name has been approved of, and adopted, by Dr. Marshall Hall, in his recent work on the "Diseases of the Nervous System," for the reasons above mentioned. Dr. Hall observes, "The crowing inspiration in children has been aptly designated by Dr. Burgess, *laryngeal asthma*. There is a pathological truth of much importance involved in this expression. It denotes that the crowing inspiration of infants, taken as a special disease, which it is, is, like ordinary or *bronchial asthma*, a disease of reflex action."—(p. 100.)

Since the publication of my former observations, I have met with several interesting cases of the disease, three of which terminated fatally. I examined the parts after death in each of these instances. There was no appreciable lesion in the larynx, or along the course of the nerves. The brain was examined only in one case. That organ was in a perfectly normal condition. In each instance the larynx was pale and healthy looking, especially about the rima glottidis.

Dr. C. J. B. Williams, in an excellent article on this disease (Library of Medicine, vol. iii, 1840), seems to think that it occurs as frequently after the age of twelve months as before it. He mentions the case of a child, who, after suffering from attacks of this affection for two years, became idiotic; and, in his remarks on the treatment, observes, "for children above the age of two years, milk and farinaceous food, &c., will generally be most suitable." Although

\* "If the word asthma signifies a difficulty of breathing, and if that difficulty of breathing is produced by a spasmodic stricture of the bronchial vessels spreading thence to the muscles of respiration, we are apparently justified in calling this disease laryngeal asthma, which is merely distinguished from the former by the seat of the spasmodic constriction being removed from the bronchial vessels to the larynx and its muscles. Besides, it removes the possibility of confounding this disease with croup. T. H. B."—(Lancet, April, 1838.)



I have known one instance where the disease re-occurred at the period of the second dentition. I believe it is pretty generally admitted that its occurrence, subsequent to the age of twelve months, forms rather the exception than the rule. Dr. M. Hall, I think, entertains this opinion; and Dr. Hennis Green did not meet with a single case of the disease during an attendance of upwards of four years at the Children's Hospital, Paris, which he supposes was owing to the circumstance of children under twelve months of age not being admitted into that institution. In the case which Dr. Williams alludes to, the crowing sound was evidently symptomatic of affection of the brain.

The following positions appear to me to be established with regard to this complaint—viz.

1st. That it generally attacks children under the age of twelve months.

2nd. That irritable and spoon-fed children are more subject to it than others.

3rd. That intestinal irritation, cold, and dentition, are its chief exciting causes.

4th. That the opinion of Dr. Ley, and others, as to the cause of laryngeal asthma, is not borne out by facts; for the disease occurs in numerous instances where there is no pressure on the nerves; and the nerves are compressed in many instances where the disease never supervenes.

5th. That when it occurs in a child over two years of age, it is almost invariably symptomatic of cerebral affections, and not a special disease.

6th. That the treatment consists in lancing the gums, active purging, guarding against exposure to cold, supplying a young nurse if the child is weaned, change of air, attention to the general health, and regimen.

29, Margaret-street, Cavendish-square,  
December 21, 1841.

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ON THE  
APPLICATION OF BURNING ÆTHER,  
SPIRITS OF WINE, AND BOILING WATER.  
IN CERTAIN DISEASES.

By CONWAY J. EDWARDS, M.R.C.S.,

*Surgeon to the Batheaston Lying-In Society.*

The progress of many inflammatory diseases receives a severe check by the judicious application of counter-irritants.

In the acute inflammations, from which secreting membranes and important organs of the human body frequently suffer, blistering the skin in the immediate vicinity of the disease generally forms a prominent feature in the treatment. Frequently a succession of blisters demonstrates the reliance which is reposed in its power and efficacy; and rarely do we find that the diseases in question terminate fatally, where a general counter-irritation has been vigorously employed in their early stage, unless an organic change has taken place in the affected part, previously to the first visit of the professional man.

The beneficial influence of external counter-irritation being undoubted, it is not unreasonable to believe, that such as act in the most unerring manner, and with the greatest rapidity, will soonest bring to a favourable termination the dangerous stage of an acute inflammation. In inflammation of the liver, blistering the right hypochondrium with a mustard cataplasm, immediately after a heavy depletion, is attended with great advantage. What happy effects frequently result from sinapisms to the feet, legs, and thighs, in coma, delirium, &c., and the same train of reasoning which has led some medical gentlemen to resort to

such remedial means, has induced others to prefer using those, in croup, which will accomplish the desired effect in a shorter time, and accordingly they have employed an actual cantry for the purpose. It is to support by facts the efficiency of this mode of attacking swiftly destructive diseases, that I am induced to request the insertion of this paper in your valuable periodical.

#### CONVULSIONS.

The son of a respectable market-gardener was seized with a convulsive fit; from whatever cause it originated, there was great determination to the brain. The parents had placed him in a hot bath, where he was struggling very violently. I opened each jugular vein, but as they were small, little blood could be obtained; the temporal arteries were tried, and from one, half a tea cupful was abstracted; the cupping-glasses were then applied between the shoulders, and rather more than half a pint of blood was drawn away. During the flowing of the blood, a mustard cataplasm was applied to the epigastrium, mustard added to the bath, and the head to be kept cool by occasionally pouring water on it from a height. The convulsions increased in violence, the diaphragm was most strongly affected—sometimes acting with great rapidity, at others, putting on a tremulous motion, and producing corresponding changes in the breathing; the heart was wild in its action, the jaws became fixed, the eyes, insensible to light, were rather twisted than rolled in their sockets; and from the extraordinary collapsing of the countenance, the most unfavourable results were augured. As a last resource, I rubbed the spine with gin, from the cervical to the lumbar region, and set it on fire; in less than half a minute the convulsions ceased. The boy was now put into a blanket, carried to bed, purged freely, and in a few days was convalescent; he was about eight years old.

A similar case was that of a daughter of a solicitor. The cause producing the convulsions resisted measures equally vigorous to those which were used in the first patient. The amiable mother, who, unfortunately, had been taught too severe a lesson in the trying school of her children's sicknesses, had already applied numerous leeches to the head of the sufferer, and given a smart dose of calomel and scammony; all our remedies seemed powerless, when I sent for the sulphuric æther, and, rubbing it on the spine, set fire to it. The convulsions soon ceased, the child gave a heavy sigh; the danger had passed. I should observe that this young lady, when on a visit in Bath, had an attack equally severe to that in which my professional services were required. The same powerful depletory means were used, but with no avail, and no sign of any amendment was visible, until ammonia, combined with assafoetida, were rubbed on the spine and on the epigastrium. I believe the case was regarded as quite hopeless by the medical gentlemen then in attendance.

#### CROUP.

The child of a Mr. Holten, a contractor on the Great Western Line, had been suffering during the day from difficulty of breathing; the symptoms increased towards the evening, and about nine o'clock became so alarming as to render medical assistance necessary. I found the patient struggling for breath, and each inspiration was attended with the never-to-be-mistaken sound which indicates an attack of croup. An emetic was given, but did no good; the patient was immersed to its neck in hot water, with a similar result; leeches were applied; the disease was assuming a more fatal appearance every moment. I then rolled a piece of flannel to the size of a finger, dipped it into water, which was on the fire, boiling, and applied the roll to the throat, until a blister was produced. The symptoms were subdued in a few minutes, and the child recovered.

These are a few cases, abstracted from many



others, where the use of an actual cautery was productive of rapid and beneficial results. Far be it from me to assume that any of the diseases, which apparently were subdued by its influence, would not have terminated in a manner equally favourable as if it had not been applied. Yet, seeing how fatally destructive such diseases frequently prove, and when so proving, how speedily the life is destroyed—knowing, also, that in every similar affection how anxious medical men are to produce a severe counter-irritation, from experience of its paramount importance—I felt justified in resorting to means which have hitherto been rarely employed, and of whose powerful influence we have little account, except in some isolated cases that have appeared in medical periodicals.

## CASE OF RECOVERY

FROM

### TAKING TWO DRACHMS OF ARSENIC.

By JONATHAN TOOGOOD, Esq.

W. R., aged 17, swallowed two drachms of arsenic, which he coarsely bruised with the end of a bottle at nine, p.m., on the 2d of June, 1817, with a view to self-destruction. He repented, and made it known a quarter of an hour afterwards. Six grains of emetic tartar were immediately given and quickly repeated. Vomiting was soon excited, and briskly kept up, by copious draughts of warm water for two hours. Nothing was retained on the stomach during the night, and he complained of constant and severe pain in the stomach and bowels. He passed the night without rest, and on the following morning he complained still of great pain in his stomach and bowels, was very hot, with a frequent pulse and flushed countenance. He was copiously bled, and his bowels were relieved by injections, but nothing could be retained on the stomach until the evening after the application of a blister. Effervescing medicines, with opium, were then kept with difficulty, but he was not so much relieved until the fourth to make his recovery certain.

Bridgewater, December, 1841.

## ON QUACK COMPOSITIONS

AND

### PATENT MEDICINES.

By JOHN FOSBROKE, M.D.

“Quackery has increased, is increasing, and must be diminished.”—BEDDOES.

[Our correspondent's zeal in the good cause occasionally leads him away from the subject which he is discussing. We have, therefore, taken the liberty of pruning his article of some of its luxuriant offshoots.—Eds.]

Nothing that we have advanced concerning quacks and quackery, however comprehensive or forcible, can be complete, without a general overhauling of quack and patent medicines, which are great practical evils. Quackery, like sin, is very ancient. In the reign of the Emperor Valentinian, the medical practitioners of Rome, who were chiefly quacks, made laws to prevent the recovery of exacting and exorbitant charges and demands, particularly in the sale of secret compositions, which had prevailed in the empire. Circumstances in England and France are now precisely the same as formerly in Rome.

Mr. William Chamberlayne, in the beginning of this century, was a surgeon-apothecary at Clerkenwell, and the quaint and shrewd writer of *Tyro Medicus*, upon “The Duties of Medical Apprenticeship.” About forty years ago he adverted to the mischief produced by the astonishing increase of the sale of patent and other empiric medicines; and, to show how much more the use of these injurious compositions prevailed in South than in North Britain, he observed, that the net amount, in one year, was not far short of £14,000 annually in stamp-duty, upon an augmenting sale of quack medicines and other injurious compositions, while in North Britain it returned not more than £50 *per annum*; and these exclusive of the duty on advertisements for the same.”—(*London Medical and Physical Journal*, 1801.)

Is this topographical difference owing to the greater proportion of sickness in the south, or to a greater degree of popular folly and credulity in the south than in the north? The people of the West of England, even to the east shore of the Severn, have been notorious, from John Wesley's time, for the love of quackery.

Dr. Cowan, of Reading, has rendered good service to the profession and the anti-quackery cause, by his very able and efficient Reports on Quackery.—(Vol. viii., *Transactions of the Provincial Medical and Surgical Association*, p. 25., &c.)

“The interests of government,” he observes, “in empiricism were also, for the *first time*, accurately investigated, and it was shown, from unquestionable authority, that the revenue from quackery is less than £50,000 a year!!!” He then argues, that the *great* amount of the government profits is not one of the most tenable and practical objections urged by the *opponents to all active measures*. The obstacle of amount can no longer be regarded as insuperable or formidable.

“No efforts have yet been made to prevent, or even to curtail, the irresponsible and indiscriminate circulation of *medicines*; but that, by the stamp and patent regulations, this glaring abuse is legalised and encouraged; and, from the unequalled facilities which now exist for advertising, an injury upon the public health is inflicted, far greater than could ever be the case from the strictly personal, though unqualified, practice of physic.” “The greatest, if not the most serious, obstacle to the procuring of the abolition of the patent medicines, at least in their present unrestricted form, is THE INERTNESS AND APATHY OF THE MEDICAL PROFESSION!!!”—p. 78.

So it appears by Dr. Cowan's statement, compared with Mr. Chamberlayne's, that the sale of quack and patent medicines has increased, in nineteen years, from £14,000 to £50,000 *per annum*, or by 3 and 1-8th.

Dr. Cowan has endeavoured, also, to form an estimate of the expenditure of the public in quack nostrums, and conceives it to be very high. He says that the increased sale may be deduced from taking an average of nearly five hundred stamped medicines, allowing for the greater numerical sale of the lower-priced articles, and the multiplication of the sum so obtained by the annual number of stamps. Its accuracy is also confirmed by knowing the average value of the stamps, which clearly indicates the relative quantities sold of the cheaper and more expensive articles. Dr. Davies, of Presteign, says, “A town with a population of from 2,000 to 3,000, having a weekly market, in a district wholly agricultural, sells at the least £140 worth of quack medicines yearly. This, I think, is £40 below the mark in many towns. I state the minimum.”

Since the scarce corn and money year, 1838, a great number of the genteel, the middling, and the working classes, have left off applying to the physicians and general practitioners, and run to the shops for patent and quack medicines. Some druggists



state that the sale of these forms now the principal part and profit of their business. The ignorant and credulous look into the newspapers and quack bills, read the puff, mark the name of the disease, whatever it may be—fits, convulsions, gripes, wind in the bowels, gravel, or what not,—and the remedy boasted for the cure of it, and buy it, and either take it themselves, or administer it to their children. They imagine the disease, and prescribe for the supposed name of it. Sometimes they give two or three quack nostrums for the name of one disease, and, mistaking both the real case and its causes, and all about it, do extreme mischief, and are obliged to send to a physician or general practitioner to remove the evil, if not fatal. Sometimes they borrow a dose from one of their neighbours, and swallow another man's medicine, without any regard to difference of age, sex, or dose. Sometimes they order a senseless farrago of their own prescribing, take it, and fancy it does them good. Sometimes they take that of the druggist's own composing. In many cases they call the common druggists "doctors,"—for every medicaster and quacksalver is called a doctor by farmers, labourers, little tradesmen, operatives, and all illiterate persons, who are very numerous. We believe that, also, the applications to the country druggists to prescribe for the people, behind the counter and out of doors, has increased considerably of late, and that they have encroached more than ever on the general practitioners, and those blue-bottle-counter-druggist-apothecaries, who are qualified to practise solely as *PURE* licentiates of the Hall, with a "*show*" in a small way.

It appears to us, from all we can gather from several neighbouring country towns, the sale of patent and quack medicines has increased greatly at the stationers' and druggists' shops, the newspaper offices, &c., where they are vended. We have had a good government, but too procrastinating and tardy. It was entrusted, though it has since retired, with the discharge of that important and responsible duty—viz., the mode and choice of those detailed measures of reform, which the majority of the profession, in all 10,000, have called for, not to overlook the abolition of quack and patent remedies. The general practisers, in some measure, look for the abolition as the infliction of a loss on the druggists, who live chiefly by the sale of them, in return for the aggressions and encroachments of druggists upon their province and department in practical medicine and surgery. We also exhort the Home Department and representatives of the profession to take example by France. The compositions of all nostrums in France are divulged compulsorily to the Academy of Medicine, after which they get the license to sell them, if the ingredients are not injurious to the public health.

All *affiches*, placards, and advertisements, in newspapers, or on walls, or otherwise, and all quack bills, labels, &c., recommending quack medicines, are by law issued on STAMPED paper (*papier timbré*), and so pay a tax to the interior government—a plan also worthy of adoption in this country—the stamped papers, with certificates from the authorities, containing the examination and declaration of the safe qualities of such quack nostrums and patent remedies, as are permitted for sale.

Nostrum-mongering is the principal form of rank quackery in France. But, before the nostrum can be publicly vended, the composition must be submitted to the Royal Academy of Medicine. If dangerous to the public health and safety, it is prohibited, under heavy penalties; so, also, if the law be secretly or openly infringed. If it be permitted, a license is given, and all placards by which it is made known are required to be sent to an appropriate bureau to receive the government stamp.

In this French arrangement there is the most just discrimination, and the rational liberty of the subject

is not invaded. The quack may sell, and the dupe may buy. Law interferes only to protect the life, which, for self-advantage, the one cares not how he destroys, nor the other how he risks.

But Dr. Martin Sinclair, in his recent pamphlet on Medical Reform, states, that "the national income derivable from patent medicine stamps, licenses, &c., as appears by Porter's Revenue Tables, amounts now only to £32,000 *per annum* for England and Wales," being an increase, as compared with Mr. Chamberlayne's statement, of £18,050 in forty years, and a reduction of Dr. Cowan's statement of its being less than £50,000 by £18,000.

Dr. Paris has rendered a service to the profession, by giving a list of patent and quack medicines and nostrums, and an analysis of them. He observes that he "cannot cease to deplore a credulity which should uphold and cherish so disgraceful and mischievous a system of treachery and imposture."

The profession in England is greatly indebted to Dr. Paris, in his "*Pharmacologia*;" Mr. Grey, in his "*Supplement*;" and Mr. Pereira, in his work on "*Materia Medica*," for the analysis and exposure of the composition and ingredients of many quack and patent remedies.

When we were in London, in 1828, we were told that within the last few years, up to that time, their sale had considerably diminished, and that the people looked more sharply into their merits than formerly, at least.

In 1807, thirty-four years ago, Dr. Hardy, of Dublin, in his comprehensive plan of medical reform, made these pertinent observations:—"It would certainly be a triumph of reason over weakness and credulity, if the advertisement of secret remedies, by which such myriads are daily cheated of their healths and properties, if not their lives, was interdicted. Individual liberty need not be trenchanted on. It is enough, if the legislature interposes to prevent deception being actively practised on the public, and that it has every right to do. But if these people will, nevertheless, afterwards penetrate to the recesses of the empiric, and will persist in swallowing the noxious or inert potions of the nostrum-mongers, we have no right whatever to interfere—"Si populus vult decepti, decipiatur."

Dr. Percival laid it down so long ago as 1791, as one rule of medical ethics, for the guidance of the regular and honourable part of the profession, that the use of quack medicines should be discouraged by the faculty, as disgraceful to the profession, injurious to health, and often destructive even of life. Patients, however, under lingering disorders, are sometimes obstinately bent on having recourse to such as they see advertised, or hear recommended with a boldness and confidence which no intelligent physician dares to adopt, with respect to the means that he prescribes. In these cases, some indulgence seems to be required to a credulity that is insurmountable. And the patient should neither incur the displeasure of the physician, nor be entirely deserted by him. He may be apprised of the fallacy of his expectations, whilst assured, at the same time, that diligent attention should be paid to the process.

Thirty years ago, in 1810, Beddoes addressed to the inert profession a series of very forcible objections to quack and patent remedies, stating the evils which they cause, and the best reasons for the discontinuance of their circulation and sale. Such is the effect of the national ignorance, credulity, and prejudice, that,—

1. Families, above the poorest families, are deprived of the necessities of life, in consequence of money expended in the purchase of stamped and quack remedies. There are instances where people have sold the bed from under them, so great is the rage for quack medicines in some families.

2. "The quack himself is like a prostitute, who is not content to wait at home, in readiness to solicit



already excited appetites, but roams abroad to practise all the arts of provocation." There is no end to the efforts and devices of quacks.

3. The office of every country newspaper is an office for quack medicines; and often for nothing else. From the sale, the printer procures advertisements and pays himself.

The fact is, that in all country newspapers, so far as I, who have had to do with the press, well know, they are always standing advertisements set up in what the printers call galleys, and inserted at lower charges than other advertisements.

Beddoes adds, that "every country stationer is stimulated by an enormous commission to pass them off." Besides the stationer, the retail druggist sells patent medicines; and in proportion as these quackeries are supposed cheap, and the compositions of the regular surgeon apothecaries, or blue bottle pure apothecaries, have been less sought by the indigent public, the druggists say that they have got more by the sale of patent remedies, than by prescriptions or any other constituent of their businesses.

4. Beddoes observes "that the faith of that singular compound of folly and knavery," as Sir Walter very accurately defines, what is called "the world," in quack remedies, is kept up by the PEERS, JUDGES, and BISHOPS, who furnish certificates for the value of nostrums. To be sure they do! In an occult science like medicine, speaking of the credulity and folly of the rich, in matters of quackery, well has the refined and eloquent Mr. Pitt often said, "The desire of health seems to put all understandings on a level, the avaricious are duped by every bubble, the lame and unhealthy, by every quack!" which none but professional men can ever comprehend; it is notorious that the GREAT, the RICH, and the LEARNED, have ever been the most strenuous supporters of quacks and quackery, imposture and delusion. There is a wonderful charm and fascination for those ignorant of the first principles of this science, in its being a speculative and uncertain art, in the mystery and secrecy of quackery, and the delusive hope it inspires; but the same quack medicine that has flourished in darkness becomes despised when made known, because the veil is then removed from the imagination. Lord Bacon, with sound perspicacity says, "The people of all ranks judge of statesmen and physicians mostly by events, not by their intrinsic skill and ability, which they know nothing at all about."

My first and respected preceptor in anatomy, Mr. Joseph Green, states an argument in favour of the credibility of the asserted cures, which lords, ladies, bishops, and judges propagate by word of mouth, and even in certificates. It turns always on the old and often detected, but always powerful sophism, "*Cum hoc, ergo propter hoc*;" or, as it is better expressed than ever by Mr. Surgeon Green, FLATS mistake the "*Id ex quo*," for the "*Id propter quo*." I have exposed this sophism by word of mouth, and with the grey goose quill, all my professional life, but—

"Man convinced against his will,  
Is of the same persuasion still."

The false syllogism of the great and the little is this—"The man was ill; he took this or that medicine; he got well again; and, therefore, his medicine cured him!" Cannot these people see that this sophism of theirs, hackneyed and trite as it is, from bad logicians, is a *NON SEQUITUR*? That "he got well again," is a fact; but that he got well by the quack or the quack drug, does not follow; it is, therefore, a *non sequitur*, it is not a necessary effect! For, to use sound and genuine medical logic—"Might not the man have got well by the powers of his constitution, in spite of the remedy? Might he not have got well if he had not taken the medicine at all? Are not either of these results just as probable as the asserted cure by

the nostrum? Do we not, in public and private practice, see every day of our lives, that recovery and medicine going together are merely accidental coincidences, and the one is not always the effect of the other?"

From irrefragable statements of the rise and fall of all popular quacks in physic, all panaceas, and all nostrums, during these two or three last centuries in England, I have long since come to the conviction, and am fully prepared, with indisputable facts, to prove that no true dependence or belief whatsoever can be placed in either one or the other, quacks, nostrums, panaceas, or patent medicines, on account of authorities, confirmations, protestations, names of parties who, however respectable, educated, or refined—or however base, abject, and bribeworthy, have proclaimed and vouched for the efficacy of these gross and vain impositions in newspapers, pamphlets, and other modes of quack publicity. As to the protestations, testimonies, and direct evidence of all ranks and conditions of men, from the highest to the lowest, to confirm imposture, delusion, and villainy, proofs have never been wanting to confirm all three, but have been mostly numerous and positive in proportion to the total want of credibility to be attached to the imposture, and its power of performing the miracles mendaciously and fallaciously imputed to it. Medicine, its true principles, and practice, is a close, sealed, occult science and art, which an immense majority of mankind of all classes and distinctions know nothing whatsoever about, and of it have no rational conception. Every material, substance, and medicament, from the inert herb and common weed to simple water, having no properties beyond mere matter, have been at one period or another boasted up to the vain and empty nothingness of a great name, as the best remedy in the world for the inward bruises of all mankind. Indeed each has possessed in turn the same reputation, and produced the same imputed benefits as a panacea for the cure of every disease under the sun, and their imaginary virtues have been witnessed and attested by persons from the throne to the garret. As an able writer of sound judgment observes, "We are a people strangely given to quackery and novelty, and I make no doubt the cry would run as much in praise of hasty pudding, if half a dozen leading people, with a medicaster at the head of them, did but bellow out the wonderful cures it had performed." If the present age has been remarkable for the march of intellect—and if the schoolmaster has been abroad—if the grand inventions of skill have superseded manual labour, and, by producing excess and preventing human employment, proved a bane instead of a blessing, so has the march of humbug kept pace in religion and physic with the march of intellect and quackery, hypocrisy, and knavery, in an equal or greater degree.

Beddoes concludes as follows, in which it is needless to say we most cordially concur. "The advertising and sale of quack medicine," he says, "ought certainly to be suppressed. We would hope no panacea monger would stand up and plead the revenue alone as a reason for their permission, for they by no means contribute to lighten the general burden in proportion to the sums which they may cause to be paid for various stamps." "*A scheme for the reform of medicine, without the abolition of quack medicine, is about as hopeful as one for making the rattle-snake harmless by leaving the venom-fangs in his jaws.*"

A certain northern professor has remarked of our English governments of the last half-century and above, that "they have looked upon this vile revenue as more valuable, in their judgment, than the health of the people, the prosperity of the regular profession, and the improvement of physic."

Chester, December, 1841.



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To those who are acquainted with the invigorating effects of pure air upon the animal constitution, and who can estimate the bad consequences which result from a confined or vitiated state of the atmosphere, some of the following observations may seem superfluous. There is, however, far less difficulty in giving a blind and fruitless assent to any proposition which may be brought before us, or in expressing an equally inoperative dissent from it, than in bestowing the time and labour required for its due investigation. When, therefore, it is laid down as a principle, that ill effects arise from the crowding of a large number of individuals within a confined or limited space, the statement is commonly either received at once as an ascertained and established truth, or disputed, or rejected, as the case may be. By unreflecting persons, that is, by the great mass of the community, such a statement, whether admitted or denied, in regard to any actual impression made on the mind, may be said to pass altogether unheeded. If attended to at all in any other light than as a mere matter of conversation, the impression is so transient, as to excite no ideas corresponding with its importance, and is obliterated by the next dreamy speculation to which the ever changing circumstances of time and place may arouse the inactive senses. The mass of readers and hearers are after this manner disposed to treat every subject which is presented to them. The last impression is still the strongest and owes its force, if it have any, solely to its present power of obliterating the traces of whatever has gone before, and retains possession of the vacant mind only, until the next shall in like manner erase it from the tablet of the memory.

There is, however, another class of persons in whom the mind is as impenetrable to the reception of any principle, whether true or false in its essence, as in the majority it is susceptible and irretentive. The difficulty of moving such persons is to the full as great as that of fixing those belonging to the preceding class. The one are ever receiving, never retaining; the other always opposed either to the reception of a principle, or to the conviction of its truth. The unreflecting multitude, readily aroused by the slightest whisper, but unstable and fickle, as readily diverted from the purpose of the moment, and losing in some new object every trace of that which had so recently agitated them, affords a type of the one. The individual who, like the deaf adder, heeds not the voice of the charmer, charm he never so wisely, is the type of the other. Perseverance, however, will often do much, and as on the one hand a repeated impression may at length become permanent, so on the other, the reiteration of the same idea, placed in different points of view, urged in different modes, and supported by new facts, may ultimately wear away the stone, and compel some

measure of attention even from callous indifference.

To return to our present object, we repeat that no fact is better ascertained than that an abundant supply of pure air is of the utmost importance to the existence and support of animal life. With a defective supply, or in an atmosphere that is impure in quality, the animal languishes and becomes diseased; with an insufficient supply it dies. The correctness of these observations no one perhaps will dispute, yet in practice it is every day denied. The heedless and periodical exposure of themselves, night after night, by the higher classes, in close and crowded apartments, the air of which is vitiated by hundreds of people congregated together, exhausted by respiration and combustion, and contaminated by the products of these, and the exhalations from so many animal bodies, is one proof of the practical denial of the necessity of pure air. The permission, still continued by the government of the country, to builders and others, to heap together dwellings in the most confined localities, without regard to ventilation, and to the miserable inmates of such dwellings to crowd themselves in uncounted numbers within their precincts, is another. The assembling and confining of whole families—men, women, and children—within the walls of union work-houses and factories is a third.

As in the first of these instances we would not charge the votaries of fashion and dissipation with intentional suicide, neither in the last would we accuse the manufacturers, or poor-law authorities, of intentional homicide; but in either case, the result is the destruction of health, and frequently also loss of life. The history of the black hole at Calcutta and that of the gaol fever, dark pages in the records of public life, are examples of these practices carried to an extreme. The victims of consumption among the higher, and of scrofula in all its forms among the lower orders of society, are fearfully numerous, and affords another fatal evidence of the neglect of this first principle of hygiene. There is, however, this difference, that with the opulent, the continuance of the practice is voluntary; with the indigent, the endurance of the evil is forced, and the sufferings which result from it on their part inevitable. On this account, therefore, and above all, for the sake of the unfortunate and unoffending children belonging to the pauper population, who, whatever may be said of the improvidence of their parents, are, at least themselves, guiltless of contributing towards bringing about their own destitution; we once again attempt to fix the transient impression upon the careless and indifferent, to soften the all but impenetrability of the callous. In so doing, we appeal not to speculation or reasoning, but to the sound and sufficient evidence of those who have had opportunities of investigation, and of appreciating the mischiefs which we are desirous to obviate.

The testimony of the many intelligent witnesses who were examined before the committee of the late House of Commons, appointed to investigate the health of towns, is express as to the injurious consequences arising from crowding of the population, and insufficient ventilation. It relates not only to the



immediate effects experienced in the generation and spread of epidemic disease, and in increasing the malignancy and fatality of fevers, small-pox, measles, and other like disorders, and to the secondary effects of these severe forms of disease; but also to the ultimate injury arising to the general health, and to the production of scrofula, consumption, and other chronic affections, as surely fatal in the end as the more acute diseases before mentioned, and at the same time productive of a far greater amount of suffering. The Report of the Registrar General, founded upon statistical data of considerable extent, furnish abundant evidence of the best possible description to the same effect. From these reports it appears, as shown by Mr. Farr, that the deaths among the crowded population of cities from various classes of disease, among which may be particularly noticed fever, and others of the epidemic character, and those of the nervous system, are more than doubled. It would seem also to be the children who chiefly suffer from the last mentioned class of diseases, for the proportion of those dying in towns from hydrocephalus and convulsions, both for the most part diseases of children, to those dying from the same diseases in country districts, according to the first annual report, was 2.75 to 1. The deaths from consumption give an increase of 39 per cent. in cities; those from typhus of 221 per cent.

"The poor-law inquiry," says Mr. Farr, in the same report, "and successive parliamentary committees, have shown that the families of agricultural labourers subsist upon a minimum of animal food, and an inadequate supply of bread and potatoes. The source of the higher mortality in cities is, therefore, in the insalubrity of the atmosphere. Every human being expires about 666 cubic feet of gas daily, which, if collected in a receiver, would destroy other animals; and is constantly producing, in a variety of ways, the decomposition of animal and vegetable matter, yielding poisonous emanations in houses, workshops, dirty streets, and bad sewers. The smoke of fires and the products of combustion are also poisonous. All gases and effluvia, like odours, are diffusible; they have a certain force of diffusion, which Professor Graham has expressed numerically; and all the emanations from human habitations in the open country mingle, almost as soon as they escape, in the currents of the atmosphere. But locate, instead of one individual to a square mile of land (the supposed density of population in the uncultivated forests of America and the steppes of Asia), 200,000 individuals upon a square mile, as soldiers in a camp, and the poison will be concentrated 200,000 fold." Yet with the facts from which this statement is made, staring them in the face, did the poor-law commissioners devise and carry into operation the centralisation of a wretched and destitute population, within the limited space of the Union Workhouse, and appended thereto the minimum of animal food and inadequate supply of bread and potatoes of the agricultural labourer. They have thus ingeniously combined the evils of the impure air of the crowded city, and the insufficient

nutriment of the country district, and inflicted both, aided, moreover, by the depressing effects of the deprivation of personal liberty, upon a class of persons already weighed down by a long continuance of poverty, perhaps of sickness, and other evils, which gentlemen who sit around boards of green cloth have little experience of.

Is it then to be wondered at, that the frightful mortality which has occurred at Bridgewater, and elsewhere, should have followed in the train? Many such lessons would, however, appear to be required before the conviction is attained, that human beings are not to be huddled together like so much useless lumber in a warehouse. An improvement in the diet has, we believe, been forced upon the guardians in many of the establishments appropriated to the reception of the poor, but to obviate the crowding together of the inmates within an insufficient space, no proper provision has yet been made. On the contrary the increasing extension of the principle of refusing out-door relief only tends to augment the evils we have pointed out. In the union in which a distressing instance of fatal neglect has so recently occurred, it is stated that, "on the 25th December last, five women were confined in two beds, in the same room, and three women were actually delivered in a single bed at the same time;" "that on the 22nd April last there were, in two small rooms (the one 16 feet by 21, and the other 16 by 27), 75 boys sleeping in 16 beds, and 86 girls in 19 beds; each bed giving 10 inches width on the average to each child. On the 29th April, there were in the same pandemonium 78 boys and 94 girls, of whom, all the boys and 91 girls were suffering under enlarged glands at the back of the neck, and 42 boys and 63 girls had also swellings in the front and around the neck." The necessary consequences of such a state of things being permitted to exist, have been ably pointed out by Mr. Bowen, of Bridgewater. Well will it be if the representations made should have the effect of producing an amelioration in this respect, before the devastating progress of some severe epidemic shall give more fatal notoriety to such combination of ignorance and mismanagement.

## REVIEW.

*Dictionnaire de Médecine, ou Répertoire Général des Sciences Médicales considérées sous les Rapports, Théorique et Pratique. Deuxième Edition, Tome XXIV. Paris: 1842.*

A Dictionary of Medicine, &c. Second Edition, Vol. XXIV. Paris: 1842.

### M. LOUIS ON TUBERCULAR CONSUMPTION.

The twenty-fourth volume of this admirable work has just reached us. It fully sustains the high character of the preceding volumes, indeed it is in some respects superior to many of its predecessors. If the few remaining volumes shall be equal to those which have already appeared, the "Dictionnaire de Médecine" will stand unrivalled in the medical literature of Europe.

Amongst the variety of articles contained in the present volume, most of which have been contributed by MM. Adelon, Berard, Cloquet, Louis, Ollivier, Orfila, and Richard, there is one which pre-eminently claims our attention. We allude to the article Phthisis, contributed by M. Louis. This important treatise is not a reprint merely of the peculiar views entertained by the distinguished author on the nature and causation of tubercular consumption, with which the profession in this country has been long since familiar. It is, on the contrary, an elaborate exposition of all the recent researches on that implacable disease, worthy of consideration, blended with an impartial and unprejudiced statement of those doctrines which he himself has promulgated during the last sixteen years. M. Louis pursues the same philosophical plan in investigating the subject under consideration, as that which characterises all his former researches in the science of medicine. The great advantages derivable from the synthetic, combined with the analytical method of pathological inquiry, as illustrated in the article before us, cannot fail to strike the most superficial reader.

The author commences with a "general description" of the disease, in which he adopts Laennec's view, by dividing its progress into two periods (*époques*), the one anterior, the other posterior, to the softening of the tubercle and the evacuation of its contents.

He then proceeds to consider in detail, the "Lesions of the Respiratory Passages,"—and first, the Tubercular Granulations. The author combats the opinion of M. Andral who considers tubercle to be formed by a small drop of pus, or of a fluid resembling it, having no consistence at first, but gradually acquiring a degree of firmness, and terminating at length, in a small round mass, presenting the appearance of tubercle. The opinion of M. Andral, ingenious as it is, says M. Louis, no longer accords with facts, and in corroboration of this assertion he cites the recent valuable researches of M. Vallex on Phthisis, published in the *Archives Generales*, &c. for February and March, 1841.

The experiments by which MM. Cruveilhier and Lallemand have endeavoured to establish that tubercle is nothing but concreted pus, are by no means conclusive, according to M. Louis, who argues that if the pus does appear concreted at the beginning, it is owing to its being infiltrated into the pulmonary parenchyma. Tubercle is not the result of inflammation. The author regards the grey semi-transparent granulation as the first degree, or the nucleus of tubercle, and proceeds to analyse the opinions of recent writers, who, pushing their investigations further, have described a modification of this grey granulation, which they consider to be the true rudimentary tubercle. MM. Rouchoux, Dalmazzonne and Mériadec Laennec regard the milky tubercle described by Laennec as merely the second degree of the tubercular process, and state that the first period is known by the existence of a small reddish body of the size of a millet-seed, pretty firm, resistant, and *united to the tissue of the lung by a number of vascular filaments*, a position which the late researches of M. Baron (*Arch. Gener. de Med.*, 1839) would apparently establish. M. Louis is, however, inclined to think that the sanguineous infiltration observed by M. Baron was purely acci-

dental, and adds, it is difficult to believe that a simple sanguineous concretion could be so developed as to form the matrix of true tubercle; moreover, the microscopical researches of Drs. Schroeder Van der Kolk and Carswell have established beyond all doubt the existence of the grey granulation (*granulation grise*) in the purely rudimentary tubercle. According to the same writers, the precise situation of these granulations, when developed, is in the pulmonary cells. M. Andral, on the other hand, is of opinion that they are formed indifferently, in the remote bronchiæ and the vesicles which succeed them, in the cellular tissue interposed between these cellules, or in the interlobular tissue. The experiments of M. Cruveilhier have induced him to place their seat in the ultimate venous capillaries; wherefore, according to this writer, tubercle, like many other lesions, has its origin in capillary phlebitis.

Although M. Louis does not subscribe to the opinions of these pathologists, he admits nevertheless that all of the preceding theories, with the exception of that of M. Cruveilhier, may be defended; the latter author, he says, has unquestionably found the product of inflammation in the venous ramifications; but he has not seen that morbid deposit pass into the tubercular state. The eminent writer next discusses the condition of the blood-vessels in the lungs when the grey granulations and crude tubercles are developed. We regret we cannot dwell on this important section. Our limits will not admit of other than a cursory notice of this able article.

*Crude Tubercle* is thus defined by M. Louis. After the grey granulation has attained a certain size, a yellow spot appears, most frequently in its centre, which increases daily, and finally envelopes the whole of the grey substance; when fully developed, it is of a circular form; it varies in size from that of a small pea to that of a pullet's egg; it is of a yellowish white colour, of variable consistence, very friable, yielding under pressure of the fingers like cheese, and presenting no trace whatever of organisation, or of texture. The chemical composition, according to the most correct analysis, is:—

Animal Matter . . . . .	98
Muriate of Soda . . . . .	0.15
Phosphate of Lime . . . . .	} 1.85
Muriate of Lime . . . . .	
Oxide of Iron . . . . .	slight traces.

The interesting observations of M. Rogée on the calcareous and cretaceous concretions, and the transformation of tubercle into these pathological conditions, are treated at length by the author. The elementary constituents of these morbid products are essentially the same as the elements of tubercle, and it is a remarkable fact that the process of transformation commences invariably at the centre of the tubercular mass, which passes first into the cretaceous, and subsequently into the calcareous state.

M. Louis is of opinion that cases of cicatrisation of tubercular cavities are, like angel's visits, few and far between. Indeed, he seems to think it doubtful that caverns of the lungs have been ever obliterated by cicatrisation. The cases related by Laennec are not sufficiently established. The three observations of MM. Andral and Rogée, if the cicatrices were not the results of some other disease, are the only



cases on record to be relied on. M. Louis has never met with a *genuine* example of tubercular cicatrization; hence, such cases must be exceedingly rare. The reader will find, in another page, an interesting case bearing on this subject. We admit, however, that there are one or two points in its history which tend to invalidate the author's conclusions, and will go in some measure to substantiate M. Louis's views. The summit of the left lung is more frequently the seat of the disease than that of the right, when only one of these organs is affected. M. Fournet, on the contrary, has recently endeavoured to show that the right is as frequently the seat of tubercle as the left lung.

In the section which treats of the progress and termination of phthisis, the author points out the tendency of the complaint to those deceitful intermissions, which are invariably followed, by its return, in an aggravated form. Pregnancy has been adduced as a favourable adjuvant in the cure of phthisis—but is it true? On the contrary, the disease generally returns with increased violence, a circumstance which also occurs in those instances where the febrile affections supervene. It is in these instances that the grand discovery of Laennec is so valuable to the physician. As a means of arriving at a knowledge of the real state of the lungs in the insidious progress of this fatal malady, the individual who possesses a correct knowledge of auscultation, and the signs derivable therefrom, enjoys advantages unknown to the routineist, who confines himself merely to the rational symptoms.

*Diagnosis.*—Under this head, M. Louis enters at length into the researches of all the recent writers on the physical signs of phthisis. When, in addition to the dry cough, nocturnal sweats, hurried respiration, and gradual wasting, there is a slight diminution of sound, with a *feebleness or other alteration* of the respiratory murmur, the existence of phthisis is indicated. The only other affection with which this is at all likely to be confounded is pulmonary catarrh; but the distinct characters of both are self-evident to any careful observer. In the latter complaint, the cough is not dry, nor of long duration, there are no night sweats, the difficulty of respiration is, on the contrary, more considerable than in phthisis, especially if emphysema of the lungs is also present; and there is no sensible wasting. Percussion does not detect any difference in the sound, or feebleness in the respiratory murmur, under either of the clavicles. Besides the above signs of the tubercular disease, Dr. Jackson, of Boston (*Memoires de la Société Médicale d'Observations*, Paris, 1834), has pointed out another indication of the early stage of the complaint. Dr. Jackson says, that in cases where the tubercular formation is commencing, the *expiratory* sound is louder and more prolonged than natural. More recently M. Fournet has forcibly inculcated the importance of this indication of tubercle. The refined distinctions of the latter author, with regard to the respiratory sounds, are not considered of much value by M. Louis; M. L. is of opinion, that "a simple modification of the respiratory murmur in the sub clavicular region," as already mentioned, in a person presenting the general symptoms of the complaint, is sufficient to indicate commencing phthisis. Pulmonary emphysema and chronic pneumonia have sometimes been mistaken

for consumption; but the rare occurrence of the latter, and the peculiar symptoms of the former, ought readily to clear up the diagnosis. In a more advanced stage, Dr. Hirtz, of Strasburg, describes a cavernous râle, somewhat analogous to that of pneumonia, but more superficial. M. Fournet states, that prior to the development of this cavernous râle, there exists a dry and a hurried crackling sound. These signs do not appear to M. Louis to stand the test of observation; he has observed the sounds, mentioned by these writers, existing indifferently at the same period of the disease.

*Prognosis.*—The first question, says M. Louis, that presents itself for consideration, is this: Is phthisis curable? Bayle, who has well described this disease, regarded it as fatal; but Laennec subsequently modified that opinion; according to his view, the progress of tubercles cannot be arrested in the first stage, but in the second, phthisis may be cured, either by the transformation of the tubercular deposition into cretaceous matter, or by cicatrization of the pulmonary excavation. On the other hand, MM. Hirtz and Fournet have recently advanced an opinion directly opposite to that of Laennec; they consider that it is at the first period, and as near as possible to the commencement of the disease, that it may be cured. They have, says M. Louis, sought in vain for proper cases to support their position. Those which have been related by M. Fournet tend more to subvert that opinion than otherwise. The cases cited by Laennec, and MM. Andral and Rogée, are not, unfortunately, accompanied with a sufficiently clear description of the symptoms. These cases go to prove that tubercles may be transformed into a substance which is inert, and that pulmonary tubercles may be cicatrised; but there is not a word regarding the medium by which this transformation and cicatrization is accomplished. It results, therefore, from these facts, that we may hope the day will come when efficacious remedies shall be discovered for this intractable malady. At present, however, we remain in the same position, with regard to remedial measures, as we were before the publication of these otherwise interesting researches.

If it is true, that we should not consider phthisis as altogether an incurable disease; if we may still hope that diligent and constant pathological inquiry will ultimately be attended with favourable results, there is, in our present state of knowledge, no ground to enable us to entertain the slightest hope in a confirmed case of tubercular phthisis. If the existence of phthisis, continues M. Louis, is well established, we may expect a fatal termination. The cases in which traces of cicatrization, and transformation of tubercles into the cretaceous and calcareous state, were observed, were mostly in old persons, in whom tubercles are seldom numerous, and, for aught we know, were developed at an advanced age, when the vitality of the organ is greatly diminished, and when the depositions of calcareous matter are both numerous and common. In short, consumption cannot be considered curable, but at a period of life when it is least to be feared. These views may, perhaps, appear to some less consoling than those which have been promulgated of late; but if individuals will not allow themselves to be deceived by appearances, they

must perceive what I have stated to be the fact; in scientific researches the truth should never be concealed.

Such is the gloomy picture of phthisis drawn by M. Louis, scarcely a month from this date. Can it be subverted? Where now are all the glittering prospects held out by M. Fournet, as to the curability of consumption? Were they merely the fanciful dreams of an enthusiast, or had they really any foundation? The conclusions of that ardent inquirer always appeared to us over-wrought, too refined, too hair splitting, to bear the test of rigid scrutiny, and we now see them vanish before the searching mind of the illustrious pathologist whose treatise we are reviewing. Unhappily M. Louis's views cannot be subverted in our present state of knowledge. The "elixir vita" still remains to be found.

*Causes and Nature of Phthisis.*—Women are more subject than men to the disease under consideration. They are also more subject to the rapid or acute form than men. A greater number of tubercular patients die between the ages of twenty and forty, than at any other period. After adults, children are most subject to this complaint. Old people rarely die of phthisis. Individuals of a delicate constitution, narrow chest, and bright circumscribed flush on the cheeks, are commonly considered of a consumptive diathesis. But this view is not supported by positive facts. Scrofulous persons are more predisposed than others to consumption. The tubercular disease is generally considered *hereditary*, but with regard to this point our information is vague and unsettled.

Cold and humid climates, low and ill-ventilated situations, are thought to be favourable to the development of phthisis, also the change from a warm to a cold climate, especially if it be cold and moist. The frequent development of tubercles in animals which have been transported from the equatorial to our own temperate climate, has been advanced in favour of this view. It is possible that climate may have a certain effect in the development of phthisis, but here also our information is vague. As, for example, the countries which were supposed to be least obnoxious to the complaint, have been shown of late to afford as many, or nearly as many, tuberculous subjects, as those countries notoriously favourable to the production of phthisis. The hospitals at Rome, for instance, according to the researches of M. Journé, present as great a number of consumptive patients as those of Paris, and the inference with regard to the transport of animals from a warm to a cold climate is by no means conclusive, for these animals not only change their habitation, but also their food and natural habits, which contribute materially to the production of consumption. The inhalation of certain kinds of dust, to which some artisans are exposed, has been considered as a powerful cause of phthisis, but we have not facts sufficient as yet to enable us to pronounce a decided opinion on this point. The same obtains with regard to the inhalation of gas. The custom of tight-lacing has been regarded as the cause of the great frequency of consumption in women; but the analysis of facts has not confirmed this opinion. The ancients believed in the contagion of phthisis; that view is now abandoned. The influence which peripneumonia, pleurisy, and pulmonary catarrh,

exert in the production of tubercles, is of little moment. M. Fournet, confining himself to a careful examination of the circumstances attending each of these pathological conditions, fancied that he had discovered the cause of the disease; but this method of inquiry is not at all exact. The cases he relates appear to be merely simple coincidences. It is necessary in this, as in all those other diseases in which the cause does not produce an immediate sensible effect, to draw conclusions only from an analysis of a considerable number of facts, and with the assistance of well-established propositions. If the instructions which the Academy of Medicine has recommended to its correspondents are properly followed out, we may, probably, at a future period, arrive at results more satisfactory and precise than those which I have been able to record in this article.

With regard to the nature of phthisis we can say little. It is a question still involved in obscurity. Some pathologists are of opinion, that a certain alteration in the elementary constituents of the blood is the cause of the disease. MM. Andral and Gavarret, in memoirs read before the *Academy of Sciences*, July, 1840, have remarked that there is a diminution of the globules of the blood in the first period of phthisis; also, according to these writers, there is an increase of fibrine in the blood of phthisical patients in the second stage. But, as M. Louis pertinently observes, Is the presence of tubercles the cause of this increase of fibrine? That view is not demonstrated, hence these remarks are but of little avail.

*Treatment.*—M. Louis considers the *curative* treatment of phthisis as utterly hopeless. No case of confirmed phthisis has been ever cured. M. Andral coincides with him in this opinion. With regard to *palliative* measures, much may be done in alleviating the symptoms, and in retarding, to a certain extent, the progress of the disease. This is all that can be hoped for in the treatment of tubercular consumption. So little does M. Louis think of the necessity of dwelling on the remedial measures for this disease, that his "Bibliography" occupies nearly the same number of pages, as his remarks on its treatment. We were struck with the marked silence which the distinguished author observes throughout his treatise with regard to British writers. He does not, with the exception of Dr. Carswell's researches, cite any English work or author on the subject. We made the same remark while perusing the second edition of his treatise on "Typhoid Fever," which has been published during the last year.

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#### WESTMINSTER MEDICAL SOCIETY.

Saturday, Dec. 18, 1841.

Dr. GOLDING BIRD, President.

DISEASE OF THE ILEUM AND CÆCUM.

Dr. ADDISON rose, and called on Mr. Dunn to narrate the particulars of the case of a young lady, whose symptoms during life, and post-mortem appearances, presented some points of peculiar interest.

Mr. DUNN stated that the lady in question had been delicate from her birth; he had attended her in a former illness, which was marked by typhoid symptoms, and accompanied with diarrhoea and dysentery. Her last illness, to which his remarks more particularly



referred, was ushered in by cold chills and rigors; to these succeeded severe griping pains in the bowels, followed by distressing sickness and vomiting. For the relief of these symptoms she took pulv. ipecac. co., with hydrarg. cum creta, and effervescing medicines, with great relief. On the ensuing day she was better, but soon afterwards she was attacked with swelling and tumefaction of the whole abdomen, to relieve which she took some calomel and rhubarb. The following day the catamenia appeared, followed by increased sickness and pain in the intestines; there was great general debility, and, contrary to his (Mr. Dunn's) orders, she left her room, and went down stairs. The next day she was much worse; the abdominal distention increased, more particularly in the situation of the right iliac region; and incipient symptoms of peritonitis developed themselves. Dr. Addison was now called in to the case; the tympanitis had so much increased, that no special local distention was perceptible, and the symptoms of acute peritonitis were increasing. Bleeding, enemata, calomel, and opium, were the remedies employed, but she died in a very short time. Dr. Addison had diagnosed the existence of disease of the cæcum, and the autopsy of the case had revealed the correctness of such diagnosis. The peritoneum showed evidence of acute inflammation, the intestines were glued together by masses of organised lymph, and there was a perforation through the vermiform process of the cæcum, and a faecal abscess in the same structure; this abscess had burst into the cavity of the peritoneum, causing acute inflammation and death.

Dr. Addison observed, that he was desirous that the case should be narrated before the members of the society, because he conceived that it was not a common one, and that the symptoms which manifested themselves were such as were too frequently overlooked in the treatment of these peculiar cases of intestinal derangement. There was ulceration and stinging of the vermiform process, caused by previous inflammation and effusion, and terminating in faecal abscess. When he was first called in to the case which Mr. Dunn had brought forward, he was struck by the very sudden prostration of strength in the patient. The peculiar symptom in the early stage of these cases is the swelling and distention of the ileum, arising from the diseased state of the vermiform process below, causing a great weight and sensation of flatulency and a half hiccup, by which the patient attempts to rid himself of the oppression. He saw a similar case occurring in a publican, who had been suddenly lifting a heavy can; he was soon afterwards seized with distressing flatulency and hiccup, and he died in a few days afterwards, with all the symptoms of diseased cæcum. Now, coupling these cases together, he was disposed to believe that, in the latter one, the severe strain had caused inflammation, and eventually ulceration of the cæcum, terminating in death. He (Dr. A.) had attended a lady who was under the care of Mr. Parrott, of Clapham; when near her confinement she was seized with a sudden and severe attack of peritonitis. In this case he diagnosed disease of the cæcum; there was great pain on making pressure over this part of the abdominal cavity, and the distended line of the ileum could be clearly traced. There were all the usual symptoms of painful flatulency and hiccup, and this lady died in a few days. On a post-mortem examination being made, there were found traces of old disease of the cæcum, which had terminated in abscess, and all her symptoms had been manifestly increased by the presence of pregnancy. In all the cases he had seen there were the same train of symptoms occurring. He generally found that the early origin of the disease was from fever, by which the intestines sooner or later became implicated in serious mischief. In this case of Mr. Dunn's there was fever in the first instance, which affected the ileum, diarrhœa and dysen-

tery followed, and the vermiform process became affected, and death followed from ulceration of that intestine, causing faecal abscess and death.

Dr. GOLDING BIRD inquired whether Dr. Addison had met with any solid concretions in the cæcum in any of the cases which he had seen.

Dr. ADDISON replied, that concretions had been found in the vermiform process of the cæcum in some of the cases which he had seen in Guy's Hospital; and in a case to which he had been called in the Kensington-road, the like result had been met with; but in the case of Mr. Dunn's, there was sloughing of the parietes of the cæcum, and consequently no concretions could be discovered.

Mr. SNOW now read the paper announced for the evening on

#### PARACENTESIS THORACIS,

of which we regret that our limits will allow us to present but a very condensed report. He began by observing, that in the normal state of the thorax, and its contents, there was no space between the pleura, and that if air or fluid collected within any internal cavity there, tapping was resorted to. Under such abnormal states, the lungs and mediastinum were pushed on one side, and those marked symptoms of dyspnoea and thoracic congestion occurred, which rendered the operation of paracentesis thoracis necessary. He alluded at some length to the supposed dangers which might follow such an operation, and supported his opinions by reference to some published cases of effusion within the pleuræ, narrated by Laennec and Dr. Davidson, of Glasgow. On withdrawing any fluid from within the chest, whether pus or serum, there was an immediate rush of air within the cavity formerly occupied by the secreted fluid; and it was from the presence of air, in contact with a morbid secretion, that he (Mr. Snow) was led to believe that much mischief might result. From these considerations he had been induced to have a drawing of an instrument made (which he handed round), which, when used in paracentesis thoracis, might obviate the mischievous results of putrid air within the chest. It consisted of a canula, fitted with a stop-cock and trocar, which, when a certain amount of fluid was withdrawn, might be drawn out to a certain extent, and the stop-cock turned to prevent the ingress of any air; and to this, if necessary, a common enema syringe might be affixed. After a few observations upon the subject, the author of the paper drew the attention of the members more specifically to the evil results attendant upon air getting within the chest, and claimed, for the instrument alluded to, the benefits which would result whenever it was brought into practical operation.

Dr. ADDISON was desirous of hearing from the author some practical details of the mischief which resulted from the admission of air within the chest. He had not met with those serious results to which Mr. Snow had alluded, and if these did not happen, he did not conceive what necessity there could be for the use of this instrument. If the lungs were bound down, the use of such an instrument in assisting them to expand, would, he considered, be positively injurious.

Mr. SNOW replied, that he regretted he could give the society no information respecting the practical utility of the instrument; it had never been tried; in fact it had not even been made, and the drawing which he handed round was the only one he had. Laennec had said that if air were admitted within the chest, the lung collapsed.

Dr. ADDISON did not feel satisfied with the explanation given by Mr. Snow; the great distress in cases of air or fluid within the pleura arises not so much from pressure on the lungs as from its interference with the general circulation. Some years since he had a case of hydrothorax, in Guy's Hospital,



from disease of the mitral valves of the heart; there was dullness on percussion, and auscultation revealed the presence of the lungs close to the anterior thoracic boundary. This man was tapped, and one pint of serum was drawn off, from which he experienced great relief. Air rushed in, and resonance revealed its presence some hours after the operation; after a time it was absorbed, and the lung on that side again attained its state of normal expansion, and the relief to the patient lasted for some time. What became of the air in such cases he did not know, but it soon disappears. If in a case of severe pleurisy the lung be bound down, and the operation of paracentesis be not available, nature will herself in some cases effect a cure. The cases in which the operation succeeds were those in which there is much serum or pus effused between the pleura, and wherein the matter does not become organised and bind the lung down. He had seen within a few hours a case of extensive pleuritic effusion in a student of Guy's Hospital, in which the symptoms came on very insidiously, and were only revealed to the patient by his laying his hand on the right side of the chest, where he felt the heart beating with the same freedom as on the left. Now in this case there was no pain, cough, or dyspnoea, or any other prominent symptom to mark the presence of that which he (Dr. Addison) could not help considering as very extensive mischief.

Dr. FREDERICK BIRD observed that he had met with many cases of paracentesis thoracis, and he could refer to fourteen cases in which this operation had been performed, and in which the air had all disappeared by the next day. In some of these cases the fluid was serous, in others purulent, and in one instance of the latter kind ninety ounces of pus had been withdrawn from the pleural cavity, and the patient recovered. Where hydrothorax occurred from diseased heart, the effusion was generally on each side of the chest; and such cases never recovered. The idea of Mr. Snow's instrument was not a new one; he had met with a drawing of one very similar to it, suggested by a German physician.

Dr. GOLDING BIRD had seen one of the cases to which the last speaker had referred, and when the fluid was withdrawn, 180 cubic inches of air rushed in. He would observe, that in all the cases he had met with in practice, he had never seen any ill effects result from the admission of air within the chest; and he could not suppose any extensive mischief could result from a less compressible fluid being replaced by a more compressible one.

Dr. ADDISON would not dispute the usefulness of such an instrument as the one to which Mr. Snow had alluded. He had also his favourite little instrument in these cases; it was a trocar, to which a fine delicate valve was attached, which could close up the aperture by the pressure of the external atmosphere, but in the use of instruments in these cases he would not go so far as Mr. Snow, in endeavouring by their means to draw out the lungs when bound down.

Mr. THOMPSON had never seen any bad results follow the operation of tapping. In performing this operation he generally elevated the skin, so as to make an oblique opening. The rushing in of a large body of air into the chest might cause some inconvenience, but it would only be temporary, and he generally had found that in twenty-four hours all traces of it had disappeared.

The meeting adjourned to January 8, 1842.

#### ST. GEORGE'S HOSPITAL.

#### SCALP WOUND—FRACTURED BASE OF THE SKULL—DEATH.

John Lawrence, a groom, admitted under Mr. Walker's care, with a wound of the scalp, extending from a little below the vertex to the occipital tube-

rosity, occasioned by the kick of a horse. He was insensible for about a quarter of an hour after the accident, and when brought into the hospital was in a state nearly approaching to complete collapse. There was some bleeding from the right ear, no sickness, and the pupils were slightly dilated. Mr. Walker was in the house when he was brought in, and immediately made two incisions down to the bone, extending outwards from the posterior extremity of the wound, in the direction of the lambdoidal suture, but no fracture could be detected; there was some tenderness on making pressure below the right ear.

4 p.m. Pulse risen to 72; irregular. 10 p.m. Pulse 63; labouring. To be bled to 10 ounces; during the bleeding he became very sick.

March 6. He complains of much pain in the head, and is lying in a kind of stupor, and only becomes sensible when he is roused. The pulse is 100, and much softer, and there has been no return of the sickness; blood is neither bled or cupped, and the bowels are not open.

8. Complaints still of very severe headache; the wound looks very healthy; no more bleeding from the ear; bowels have not been opened since his admission; tongue furred; pulse 70, quiet, and regular; pupils act consentaneously.

Chloride of mercury, five grains;

Compound extract of colocynth, six grains. To be taken directly.

A senna draught to be taken early to-morrow morning.

Chloride of mercury, two grains;

Powdered opium, one quarter of a grain. To be taken twice daily.

16. Since the last report he has been progressing favourably; the pain in the head has gradually subsided; the scalp wound is granulating kindly, and the gums have been slightly affected by the chloride of mercury. To-day there is some slight discharge of matter from the right ear; tongue clean; the bowels are open, and the pulse 70, and rather weak.

26. There has been less discharge from the ear; to-day there is none; his general appearance is improved, and he states that he feels better.

31. He complains to-day of great pain behind the right ear, which he says is discharging again, but there is no general pain in the head; the pulse is 100, small, and weak.

April 1. He is not so well to-day, and does not give satisfactory answers to questions that are put to him; he has not much pain in the head; wounds open; tongue furred and brown; pulse 90, weak. A senna draught to be taken directly.

2. He slept tolerably well last night; does not complain of any pain in the head, and appears very drowsy when any question is put to him; bowels freely opened; skin hot and dry; tongue furred; pulse 110, quick, and small.

Solution of acetate of ammonia, one ounce every four hours.

5, p.m. Much the same as in the morning, with the addition of involuntary twitchings of the muscles.

3. He has been in a state of insensibility the whole night, and has only answered the nurse once this morning; he is losing the power of swallowing, and has therefore only taken two doses of the mixture. The pupils are dilated and very sluggish, and does not show any shrinking when he is pinched; breathing free; no stertor; pulse 90, quick, and small.

4. The same in many respects as yesterday, but more restless; some slight dyspnoea; the involuntary twitchings of the limbs still continue; pulse the same as yesterday. Ordered to have a domestic enema immediately, which is to be repeated every four hours until the bowels are freely opened.

5. No improvement in any of the symptoms; the



injections came away without producing any effect. The scalp wound has quite healed.

6. Died this morning at half-past six o'clock.

*Necropsy Twenty-Four Hours after Death.*—Upon removing the pericranium, the base of the skull was found fractured; the fracture extended from the occipital bone through the posterior inferior angle of the right parietal bone, on to the petrous portion of the temporal bone of the same side. The lambdoidal suture was also very much displaced. There was neither lymph or matter found between the dura mater and the bone; but the vessels of the dura mater were very much congested. The vessels of the brain were not abnormally injected, but about two drachms of pus were found behind the petrous portion of the temporal bone of the right side. There were no other abnormal appearances worthy of notice. The cavities of the thorax and abdomen were not examined.

#### PHTHISIS.

John March, aged 52, a clerk on a railroad, was admitted on the 14th November, into King's Ward, under the care of Dr. Wilson; about three months ago he caught a cold from sitting in his office in a draught, which in a few days was succeeded by a dulness about the head, and a dry hacking cough, which has increased up to the present time; he is now extremely weak, and has a severe cough. His expectoration is mucus, mixed at times with purulent matter and blood. There is some tremor in his speech, and he is not able to lie down in bed. He does not perspire at night; he was advised to go into the country, but found no benefit whatever from doing so. The bowels are open, and the urine is free; he does not sleep at night; the most casual spectator would see at a glance his pale, trembling, and exhausted state.

Mixture of gum ammoniacum, half an ounce;

Camphor mixture, one ounce;

Hydrocyanic acid, two minims. To be taken every five hours.

An opium plaster to be applied to the epigastric region.

He says that some time since he had a blister applied to the chest, which was kept open until the surface became very sore; but since that time, there has been a tumour formed over the left mamma; the tumour is soft, and has a defined margin; it is not painful, and will bear handling without causing any suffering.

16. He feels much better, has had some comfortable sleep, and the cough is easier; pulse quick and weak.

17. There has been some slight admixture of blood in the expectoration; urine scanty.

19. To day the tumour was opened, but it was nothing more than a collection of purulent matter; he expectorates more freely a sero-purulent discharge, occasionally streaked with blood; bowels not open for two days; urine plentiful. The hydrocyanic acid was ordered to be omitted, but the mixture to be continued as before. Three ounces of port wine to be taken daily.

21. He is worse to-day; there has been much wandering of the intellect since yesterday, and the hands are very tremulous; expectoration still very copious, and tinged with blood.

23. The cough is much increased; the bowels not open; wandering of intellect the same as yesterday; great dyspnoea and extreme restlessness; medicines to be discontinued.

24. Died at 7, a.m.

*Necropsy Twenty-Four Hours after Death.*—There was an extensive effusion of bloody serum in both sides of the chest; the pericardium was universally adherent to the heart, but, with the exception of a slight thickening, it was in no respect altered, either

in structure or appearance. The apex of each lung was studded with many tubercles, interspersed with vomicae, and the intermediate structure of the lung was much condensed and thickened. The liver was hard and tuberculated. The general appearance of the body was not much attenuated.

#### REMARKS ON MEDICAL LEGISLATION.

BY A MEMBER OF THE PROVINCIAL ASSOCIATION.

(Continued from page 158.)

The necessity of medical legislation is not only evident from the partial, limited, and unsatisfactory nature of existing laws, but also from the growth of quackery and empiricism, and the increasing difficulties that occur in securing a fair remuneration for medical services. Many years ago, in conversing with able lawyers on this subject, with a view of obtaining practical results, I found their decided opinion to be that the law of courtesy, which had long been in use between medical men and the public, was far better than any code, and more likely to prove advantageous to them than statute law. In the higher classes of society the law of courtesy is, indeed, most valuable, and it is most desirable to cultivate it. But I believe that, even amongst the higher ranks, that fine feeling often witnessed between patients and their medical advisers, is by no means so commonly displayed as it used to be, and in the lower classes economy and inability often prevent us from receiving that degree of consideration which is our due. During the long war the medical profession held a very different position in point of influence to that which it now does; government itself, as well as the colleges, held out at that period honorary distinctions as encouragement to study, and no class of officers suffered more, or were more useful during the war. Whether the decay of courtesy originates in a change of public opinion, or from the falling off in sentiment amongst medical men themselves, or from their getting into collision with quackery and empiricism, I will not now stop to inquire, but will pass on to glance at some of the causes which daily render medical legislation more and more necessary.

That our profession is daily becoming more distinguished in scientific attainments there can be no doubt; but that it is rising in public estimation and in dignity in an equal degree, as some affirm, I think very problematical. That empiricism is rising in popularity in proportion as it becomes opposed to scientific medicine, has been pretty evident for many years. The sale of specific nostrums is cultivated more assiduously than ever; and I have heard men of some rank propound the problem of forming a specific nostrum for every disease as a most desirable consummation of our science. In proportion, then, as empiricism in medicine flourishes, scientific attainments in it cannot be said to rise and predominate in public estimation. If such is the state of things, it becomes the duty of those who respect the usefulness, and value the *status* of the healing art, to search into its causes, and to use all their energies to prevent empiricism working out that injury to the general practitioner which it is calculated to do. For if scientific medicine is in danger of losing its just reward—viz., adequate remuneration for the labour and experience of its professors, in consequence of the encouragement given to empirics, it must fall into decay, and retrograde in usefulness to the detriment and injury of the public health. The highest class of practitioners, who are in the receipt of large fees and gifts from the upper ranks and the wealthy, may not be much affected by the inroads of quackery, but the practitioner who labours amongst the mass of the population daily encounters its injurious influence, and



witnesses the necessity of checking it for his own sake as well as for the sake of his patients. He sees that there is something in empiricism much more powerful than he at first suspected. There is something very seductive in the mysteries of secrecy; over many minds they have an almost despotic ascendancy—an influence, so opposed to true science, that it is beyond his power to encounter it fairly. The quack cannot be met and competed with on his own grounds, for by doing so the scientific man would virtually forfeit his rights as a qualified practitioner, and a lover of un concealed truth; and, indeed, it would be most unbecomingly to make the public health the arena for such an ignoble contention. For medical men, then, that come into contact with quackery, the only remedy is legislation. The public also, I believe, is well convinced, by what they observe of the growth of quackery, and the discord produced by the want of good laws, of the necessity of forming a code for regulating our intercourse with the world, as well as with each other. This code must be more comprehensive, minute, and particular, than any similar charter yet granted in this country. That of the College of Physicians is confined in its operation to a limited district of country, and to a comparatively small body of men, and is so exclusive in its nature, as to be totally unfit even for imitation in a statute that is to extend over the empire. That of the College of Surgeons embraces only surgery, and it contents the corporation to issue licenses to crowds of young men whom they find properly educated in surgery, without caring the least for their professional interests beyond the precincts of their examination board. These young men are thrown upon the world, not like members of a liberal profession, organised and in good order, but each pursuing his own interest, checked only by his sense of courtesy and honour. The Apothecaries' Act, on the other hand, is more calculated to regulate the merchandise and compounding of drugs, than for governing a profession highly intellectual and refined; and whose curriculum of study embraces a wider range of the sciences than any other. It is true that all candidates found qualified are received under the protection of this act, and become thereby entitled to constituted rights; but its operation is at best obscure and incomplete, and if universally adopted amongst general practitioners, would deplorably deteriorate both the education and the practice of the profession, an effect which, in the present age, cannot be subscribed to. These three corporations may be considered then as licensing bodies, but as totally incapable of giving law to the mass of the medical profession.

We are indebted to many able exertions made during the last twenty years and upwards in order to demonstrate these facts, and how greatly society, as well as science, is in danger of suffering from the present state of things. The necessity of legislation becomes more necessary in proportion as the members of our profession multiply. Without law and without order, numbers become sources of weakness and decay in a professional sense, and of mischief and danger to the public in a political point of view. These are truisms, it may be said, but as there is an acknowledged difficulty in working them out in the case in question; it may be useful to impress them again and again upon such men as through apathy or indolence wish to remain unconcerned about it, or who, redolent in the "*otium cum dignitate*," are comparatively inexperienced in the difficulties and mortifications with which their less fortunate brethren are beset. All medical men, especially, ought to take a decided part; for it would appear that the class of empirics is by no means limited to such as vend nostrums and advertise mountebank medicines, nor to those who venture into practice without qualification. At the present crisis the truth ought to be inquired into closely, whether or not there is an influ-

ential class in society who undervalue scientific medicine, and who, in proportion as its importance in society becomes apparent, make it their business to check, and to deprive it of its legitimate reward. Under this point of view, this is not a question between the colleges and their licentiates, between the qualified and unqualified practitioners; we are in a collision with a powerful empiricism, with an influence that would not hesitate to retrograde our science to the state it was in during the days of the barber surgeons. Empiricism may even pervade our own ranks, for it is a principle deeply implanted in the human constitution, and admired by some men of powerful and despotic minds. Its secrecy and universality of application are mighty engines of success; and if our success, and the success of our remedial agencies are at the mercy of this influence, every one who loves and wishes well to his profession ought to interest himself in defending the stake he has in it; nevertheless, we ought to avoid any collision with the higher classes of empiricism as much as possible; historically it takes precedence of science, and is founded on an innate principle of the mind—that of secrecy and mystery; it must also take precedence of the combination of innate principles of knowledge and truth, which constitutes science, but a well defined distinction ought to be created between us.

At this point of our remarks, some questions of a constitutional nature present themselves—viz., how far coercive legislation against the sale of unknown remedies would not infringe upon the liberty of the subject? And how far medical men can claim constituted rights for their profession, without trenching upon the convenience of the government of the empire? With regard to the first question, it involves a case which can be best solved by a constitutional lawyer; with regard to the second, I would remark that we ought to ask for nothing from government that could occasion inconvenience to the state, in the full confidence that government will grant us a reasonable extent of constitutional rights. Whatever belongs to the medical science, most assuredly is our province, not at second hand but in the first instance; but we are not therefore entitled to unnecessary degrees of power. I acknowledge there may be a difficulty relative to the propriety of increasing the political importance of medical men, by associating them as the constitutional guardians of the public health; but let legislators consider that the health of an empire is of vast political importance, and that, excepting some severe epidemics, the health of this great empire is remarkably improved within the last half century. Let them consider to whom this improvement is to be attributed; I do not mean to deny that the higher class of empiricism has had some influence in this grand result, for, as my former remarks must show, I do not, by any means, undervalue this power. But I would ask, from what quarter have improvements in the healing art arisen? They must answer from its professed practitioners. Therefore such men ought not to be deprived of the constitutional rights which their profession entitle them to, at least, they ought not to be abused and trampled upon. The health of an empire is of vast political importance, and must subject its guardians to vast responsibilities, either for good or for evil; so much so, that many might question the policy of putting forward any power, even nominally, as its legal guardians, and prefer leaving the public health in the hands of the empire, as an indirect power, rather than create a new, and, perhaps, a troublesome power in the state. But these are views of the case which, as medical men, we have little to do with, and the less we have to do with them the better and the more useful will our profession be. But I make these remarks, in order to show that, as we are the direct and ostensible power in charge of the health of the public, it is quite unreasonable for the indirect power to trample upon



us—to refuse us constitutional rights and an adequate remuneration for our services.

It has been remarked, that medical men are imbued only with a small degree of ambition for political power; and at the present time, no body of men, equally numerous, profess less, for our present agitation is purely of a professional nature; and, perhaps, this remark is in some degree just; for late appeals to the House of Commons, made on our behalf, have not been entertained with even a decorous degree of attention in houses very thinly attended. When such is the fact, it indeed becomes a matter for grave consideration with country practitioners, whether a greater degree of attention to their political importance ought not to be cultivated. Perhaps, when honourable gentlemen begin to find out that we are not without some degree of influence in returning members to seats in parliament, they will become more attentive to statements of our grievances and of our wants, officially made. I hope honourable members of parliament are not more readily swayed by such considerations than by those of justice and constitutional right. Under these views, no government can refuse to entertain seriously, and even favourably, any application respectfully made to it for amending the condition of a large body of her Majesty's subjects. One profession has as much right to have its interest protected by particular laws as any other class of men in the state. Our time and labour and money expended in education, and in the pursuit of science, are as much our property as that of the lawyer, the divine, the soldier, or any other profession or avocation in life. It is unjust in government to protect the interests of some and to neglect those of others. It is absurd in them to look quietly on and see, knowingly, the difficulty of our position. No wonder that the public, under such a state of things, too frequently undervalue medical men, individually as well as generally. Responsible as a practitioner often is for the mischief committed in spite of him by uneducated men, and for the errors and absurdities of his employers, whom he cannot control, can it be wondered at that the public doubt his acquirements, though they respect the mystery of his science? Left as he is, without any protection, except personal remonstrance in protecting the public health and his own interests, can it be wondered at that his indignation in favour of that which he thinks right, subjects him to the serious charge of being discordant and quarrelsome, without any established form of law to direct him, and left entirely to his own energy and discretion? Can it be said to be discord to defend his opinion of what is right and true with firmness, and his profession and station in society from being trampled upon by empiricism? No; were the public, from their education, capable of understanding the difficulties of the position of a practitioner in medicine, these accusations would not be brought against him as an opprobrium, but would be considered more as exemplifications of his love of justice and his sense of honour than of his proneness to discord.

#### TESTIMONIAL TO MR. CARMICHAEL.

A deputation from the committee appointed by the subscribers to this fund waited upon Mr. Carmichael, at his house, in Rutland-square, on Wednesday last, for the purpose of presenting him with the splendid piece of plate subscribed for by more than 400 of his professional brethren. The following address was read by Dr. Thomas Beatty, chairman of the committee:—

*"To Richard Carmichael, M.R.I.A., Corresponding Member of the Royal Academy of Medicine of France, &c.*

Sir,—In fulfilment of the duty imposed upon us by upwards of 400 members of the medical profession, we have waited upon you to present to you this piece of

plate, the "Testimonial" by which they are anxious to record their deep sense of your merits as a successful cultivator of medical science, and a zealous supporter of the honour, dignity, and interests of the profession.

In the discharge of this office, so extremely gratifying to us, we cannot avoid availing ourselves of this occasion to express personally the high respect and regard which, in common with the profession in all countries we entertain, not only for your public and professional character, but also for your private worth.

THOMAS E. BEATTY, Chairman.  
HAMILTON LABATT, Secretary."

Mr. Carmichael returned the following answer:—"GENTLEMEN,—This splendid testimonial, presented to me by upwards of four hundred of my professional brethren, distinguished as many of them are in both countries, is indeed a flattering and gratifying indication that my exertions for the advancement of medical science, and my desire to promote the respectability of our profession, have not been altogether unsuccessful.

Testimonials of the estimation in which any individual is held by our profession, are seldom offered, except by pupils to their teachers, or as a tribute to the memory of those who are no longer objects of professional rivalry or jealousy. But you have nobly and disinterestedly vindicated the character of our profession, and proved how little it is actuated by any feelings but those that do it honour.

Gentlemen,—I feel grateful for the reasons which have induced you to present this testimonial. That you should consider me "a successful cultivator of medical science" is to me a source of pride. That I should have been also, in your opinion, "a zealous supporter of the honour, dignity, and interests of the profession," is to my feelings no less a matter of gratification.

Knowing that some of the highly-valued friends around me entertain different opinions from mine as to the means of promoting the respectability of our profession, I feel doubly gratified by their presence here this day. Though every enlightened and candid member of our body must admit the many evils which prevail in it, and the necessity of some reform, yet the remedy is not so apparent as the disease.

I trust, however, that without subverting established and venerated institutions, every improvement necessary for the interests of the public, and for the usefulness and honour of the medical profession, may be accomplished.

Allow me, gentlemen, in conclusion, to express with warmth and sincerity the deep sense I entertain of the kind and too flattering terms in which you have presented to me this splendid, this honourable, this most highly prized testimonial."

The piece of plate consisted of a silver centre-piece, representing the Graces, supporting, above, a basket richly ornamented with flowers. The figures are dead white, beautifully executed, and standing on a tripod base of burnished silver. On two sides of the base, Mr. Carmichael's arms and crest are engraved in antique scroll shields, and on the third the following inscription:—

PRESENTED TO  
RICHARD CARMICHAEL, M.R.I.A.,  
CORRESPONDING MEMBER  
OF THE  
ROYAL ACADEMY OF MEDICINE OF FRANCE  
BY

FOUR HUNDRED AND TEN OF HIS PROFESSIONAL  
BRETHREN,  
EXPRESSIVE OF THEIR SENSE OF HIS ANXIOUS DESIRE  
TO PROMOTE THE INTERESTS OF HIS PROFESSION  
AS WELL AS OF HIS UNWEARIED ZEAL IN  
THE ADVANCEMENT OF MEDICAL  
SCIENCE.

*Medical Press.*

## THE APOTHECARIES' COMPANY

versus

## THE DRUGGISTS.

In the "Times" of last Saturday, there is a report of an inquest held on the 24th instant, at New Brentford, on the body of Edward Willet, a child aged two years and eight months, who was attended by a chemist and druggist of the same place. The persons denied the necessity of an inquest, alleging that the friends of the deceased child were quite satisfied with the treatment it had received; but the coroner, Mr. Wakley, issued his warrant forthwith, on the receipt of a letter from Brentford, stating that the child died under suspicious circumstances.

The mother said that her child was taken poorly with a cough, but she thought it of no consequence. She called at the shop of Mr. Squire, chemist, of New Brentford, for a *penny powder* for it. Mr. Squire had no penny powders, but he kept *three-halfpenny* ones. Witness got the powder and thought it made the child comfortable. The child being restless on the following day, Tuesday, she repeated the dose, which was of a blackish colour, and it made the patient vomit. The child had severe fits between this and Wednesday morning, when Mr. Squire was sent for, and saw the child at 6, a.m. He ordered another powder, and three leeches to be applied to the windpipe. He saw the child again at eleven o'clock, when he said it could not live, and seemed sorry that the mother had not sent earlier for him. No "medical man" saw her little boy except Mr. Squire. Mr. Bonney, a surgeon of the place, made a post-mortem examination by order of the coroner, and found inflammation of the larger air passages of the throat and chest, but not higher than the trachea. It was not croup. There were a few flakes of mucus. Mr. Bonney considered it to be the second stage of bronchitis.

A discussion now ensued between the coroner and Mr. Squire's solicitor, as to what the business of a chemist and druggist originally was. Should the Apothecaries' Company bring any ulterior proceedings against him, the solicitor's client, it would be essential it should appear in evidence, that he followed the business of a chemist and druggist. The case of "Greenhough" had not been finally settled, in as much as it had not been removed by writ of error to the House of Lords.

At the coroner's suggestion, the jury returned a verdict that "the child died a natural death from inflammation."

It is understood that the Apothecaries' Company will proceed against Mr. Squire, in the Court of Queen's Bench, for the recovery of the penalty

## LIST OF MEMBERS OF THE COLLEGE OF SURGEONS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

Gentlemen,—I beg leave to transmit to you the enclosed document, and to request that you will be pleased to give it a place in your Journal, as it contains information which is of importance to many members of the profession.

I am, Gentlemen, your most obedient servant,  
EDM. BELFOUR, Sec.

Dec. 26, 1841.

"The President and Council finding it necessary to reprint the List of the Members of the College early in the ensuing year, all those members who have not attended to the wishes of the Council, as expressed in their notices of the 8th April, and the 14th October, 1841, are requested to send in their names, with the dates of their diplomas, and their present residences, between the 1st of January and the 1st of February, 1842, on which latter day the List will be sent to press.

"EDM. BELFOUR, Sec."

## A BLACK SHEEP.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—Will you, or any of your numerous readers, tell me what I ought to do in the following case:—

I have a son at school in East Kent, who, in November last, got a swelled inguinal gland, which went on to suppuration. He was attended by a surgeon in the village, who has just sent me a bill for £2 14s. 6d., for professional attendance. I have told him I am one of the craft, and that it is contrary to custom, yea even to a proverb, for "dog to eat dog;" but, notwithstanding my remonstrance, he declares, like another Shylock, "he will have de monish," and that no one ever heard of such a monstrous thing as one medical man attending the family of another for nought.

Now, Gentlemen, if you, or any member of the Provincial Medical and Surgical Association, think I should not be compromising the dignity of the medical profession, by complying with this very unusual demand, I will pay, but not otherwise.

I remain, Gentlemen,

A MEMBER OF THE PROVINCIAL ASSOCIATION.  
Milton, Kent, Dec. 28, 1841.

\* \* \* The author of this communication has furnished us with his name. No medical man, unless one of a very low *caste*, would demand payment for attending the child of a brother practitioner. Shylock, however, can compel our correspondent to give him the "pound of flesh," the law would support him in this unenviable proceeding.

## MEDICAL CORONER FOR CHESHIRE.

The contest for this office terminated on Wednesday, the 29th inst., in the election of Mr. Churton, a surgeon. His principal opponent was a Mr. Massey, a druggist, but nephew of the retiring coroner.

## [ROYAL COLLEGE OF SURGEONS IN LONDON.]

List of Gentlemen admitted Members on Friday, Dec. 17, 1841.

Alexander Back, Riton Oldham, Thomas Cooper Leah, John William Sea, Alfred McKinley Millman, Abraham Crawford Swayne, William Boyd, John Laxon Sweet, Frederick Richardson, George Thomas Smeathman.

Friday, Dec. 24, 1841.

F. M. Tweddell, H. G. Bull, F. de P. Carrillo, D. H. B. Haynes, S. J. Thomas, J. Thomas, G. J. Scale, B. Winstone, G. Yeo, J. Spencer, J. Peet, W. B. Hepworth.

## CORRESPONDENTS.

Galway.—We have to thank our correspondent for the information relative to the election of medical officers to the Galway workhouse. We shall make use of it on an early occasion.

Sir Benjamin Brodie's Lecture in our next, also the communications of Dr. Knight and Mr. Nottingham.

Received.—Communications from Mr. Harvey, Mr. Jameson, a Member of the Provincial Medical and Surgical Association, Dr. Hocken, Mr. Adams, Mr. Wilson, &c.

Ways and Means of Medical Practitioners, No. III, in our next.

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## CLINICAL OBSERVATIONS ON

### MECHANICAL INJURIES OF THE URETHRA,

DELIVERED AT ST. GEORGE'S HOSPITAL.

By Sir BENJAMIN BRODIE, Bart.

There is a species of contraction of the canal of the urethra, which is called a stricture, but which, in many of its symptoms, differs from ordinary stricture. You will find this subject mentioned in a general way in Sir Everard Home's Works, and in the writings of other surgical authors; but they are not described with care and accuracy in any surgical work with which I am acquainted. These obstructions of the canal of the urethra, from mechanical violence, may take place in various ways. A boy got a ring drawn over his penis so tight, that the parts were affected with severe inflammation, and it could only be removed by being sawn off. The part over which the ring pressed was between the scrotum and the pubis, and there was an ulcerated opening into the canal of the urethra; after a time he came into the hospital. The ulcerated opening had been hard and circular, and was now healed over with a cicatrix. At this part the canal of the urethra was much obstructed and narrowed, and a small probe could barely pass through it.

The most frequent cause of these obstructions is, from a severe blow on the anterior part of the perineum, behind the scrotum, as often occurs to persons who are riding unruly horses, and who, from that circumstance, are liable to be thrown forward on the pommel of the saddle, and by which means the urethra is pressed sharply against the bone of the pubis. Now such an injury as this may occasion an obstruction of the urethra without the complication of an external wound, or the formation of an abscess. I have seen several such cases, and have made notes of them. A man, aged 22, was riding a restive horse, was thrown forward, and received a blow from the pommel of the saddle. There was severe pain, and bleeding from the urethra, during the night, but which ceased in the morning; this was succeeded by severe pain in making water, which subsided also after a certain time. For a month he suffered no inconvenience, but the stream of water diminished in diameter, and divided into two smaller ones; the contraction of the urethra continued to increase, and great pain was felt on emptying the bladder. At last, however, complete retention of urine came on, which, after a time cured itself spontaneously. Seven months after this he came into this hospital, under my care, and his stream of urine was then no larger than a fine wire. On introducing a catheter, its progress into the bladder was stopped, between the bulbous portion of the urethra and the perineum; and when the instrument was pushed forward, it was felt

to pass over a rough and gristly surface. The process of dilating the canal of the urethra was a very slow one, and caused great local and constitutional disturbance, which required the dilatation to be desisted from on many occasions. He was in the hospital for five months, and when he was discharged he could only bear a middle-sized catheter to be passed, and his stream of urine was very slender. Now, in this case, you see that the obstruction was much in the same situation in the urethra that a stricture would be, and yet how very different were the symptoms. In a comparatively short time retention of urine comes on, and there is great difficulty in dilating the strictured portion of the canal. In a common case of stricture, you know that the dilatation is accomplished very easily, whilst, in this case, a full-sized catheter never could be passed, and the urine never flowed but in a very moderate stream.

Sometimes you will meet with cases of this kind, in which there is a deep wound of the perineum, dividing the canal of the urethra as by an incision. If the division of the urethra be only partial, you have then a case somewhat similar to that of lithotomy; but if the urethra be cut quite across, the cicatrix contracts, and, when it heals, the anterior cut edge, if not properly treated, will contract entirely, and close up the urethra. A boy fell on a bottle, the sharp edge of which divided the urethra, behind the scrotum and pubis. Six months after the accident I saw him. The urethra was closed up, and the urine flowed through a fistulous opening in the perineum, by which the canal of the urethra was agglutinated to it. I performed an operation in this case, such as I shall describe to you hereafter. The boy died, however, soon afterwards, from effusion into the ventricles of the brain. On examining the parts after death, we found the canal of the urethra to be hard and gristly, and the cicatrix had fastened it to the pubis.

Again, there are cases occurring where there is no incised wound of the perineum, but where there is severe contusion and laceration of the urethra, and much bruising of the neighbouring parts, causing effusion and discharge of blood by the urethra, with some escape of urine into the cellular texture, causing inflammation, suppuration, and abscess. Sometimes sloughing, with all other degrees of mischief connected with it, occur in these cases. There may be a large quantity of pent-up matter, and you will have all the sad train of constitutional symptoms which obtain in these cases, or there may be no effusion of urine, or the abscess may burst externally. Sometimes you will meet with cases in which so much mischief has arisen from the accident, that the canal of the urethra may be completely obliterated and destroyed for the space of an inch. In these cases, if there be a urinary abscess, you will frequently have

putrid matter, with foul tongue, and typhoid fever. When the abscess bursts, the local and constitutional symptoms become relieved, and the urine flows through the opening in the perineum. Gradually, however, you find this opening contracts, yet still allowing a sufficient orifice for the urine to flow through it. This communicates with the posterior part of the urethra, and nothing flows through the natural passage along the penis. If you are called in to a case like this, at this peculiar stage of its progress, you may be very apt to consider it as not of greater consequence than a fistula in perineo; and I have known many very good surgeons, not acquainted with these cases, to be deceived by them. Now the two cases, you will at once perceive, are very different—the fistulous orifice in the perineum is not caused by a stricture, but by a cicatrix; and the latter is very different to the former. If a man has a sore leg, it heals, and the parts become sound; when he is recovered, and begins to move the leg, the muscles act freely and fully, and the cicatrix of the ulcer stretches and cracks, and a fresh ulcer is again formed, and the very same thing happens after a burn. The moment you attempt to dilate the cicatrix, it ulcerates, and the patient becomes again liable to retention of urine, from the occurrence of inflammation. Fresh abscesses may and often do occur. If you are called in to these cases soon after their first occurrence, a little attention will prevent much future mischief to the patient. If there should be much hæmorrhage from the urethra when you are called in, direct your patient not to make water, but introduce an elastic gum catheter, and draw the urine off. Whether there be effusion of urine into the cellular texture of the surrounding parts or not, you will generally find some ecchymosis, to a greater or less extent; but this latter symptom is not always to be considered as a sure diagnostic mark that effusion of urine does exist. If ecchymosis, without any other symptom, be present, do not cut down upon the perineum. If there be much extravasation of blood, it is bad practice to lay it open, and expose it to the air, as the extravasated matter may thereby become putrid, and cause extensive suppuration and burrowing abscesses, whereas, if it is kept covered up, it may become absorbed. If, however, you have to make an incision, make it down to the membranous part of the urethra, and introduce a catheter into the bladder, and keep it there; and this is what you should do in the first instance. But if you are not called in until a month has elapsed from the date of the accident, you must first see if you can introduce a catheter in the ordinary manner; in nine cases out of ten, however, you will fail. But if you are fortunate enough to succeed in this one case, you must proceed in the following manner:—Introduce a staff along the urethra, into the bladder, and place your patient in the same position as for the operation of lithotomy. Cut down, through the cicatrix, on to the staff, and then introduce a gum catheter into the bladder, and then treat the case as it ought to have been treated in the first instance. But, in spite of all your treatment, you will find the parts contract, and the obstruction return again; but you must persevere, and, in order to keep the parts open, you must teach your patient to pass a bougie for himself every day.

You will sometimes meet with cases of this kind in which no instrument will pass into the bladder, and where the contraction has been so great that a portion of the urethra has been entirely obliterated. I have had two such cases under my care. A gentleman, who was out riding, in endeavouring to make a leap, received a severe blow on the perineum from the pommel of the saddle; there was some hæmorrhage from the urethra, with extravasation of urine, and consequent sloughing. The catheter was introduced into the bladder, and then removed, for what reason I

do not know. Sloughing ensued, and there was a fistulous orifice behind the scrotum. I first saw him seven months after the original accident, and I endeavoured to introduce an instrument into the bladder, but it would not pass. After making several attempts which were all unsuccessful, I had him laid down and placed in the same position as for lithotomy. A staff was passed down to the obstructed portion of the urethra, and I cut down through the cicatrix in the perineum, but for some portion of its length there was no urethra to be detected, but a cicatrix in its place. I made a long incision in the cicatrix, and I was fortunate enough to cut down into the posterior part of the urethra, and I then passed the staff on to this part through the obstructed portion of the urethra; I further introduced the staff on into the bladder, and kept it there for some days, occasionally withdrawing it for a short time, and again re-introducing it. After being in for some time it was taken out, and again replaced occasionally, according to circumstances. I have not seen this patient for some time, but when last I saw him, the orifice in the perineum was only as large as a pea, and when pressure was made upon it, the urine flowed entirely along the urethra, and by this time I suppose the wound is entirely cicatrised over. Now in this case I made the patient as well as I could, but bad was the best; for as, the new urethra formed, a great disposition to contract would manifest itself, and, although a lining mucous membrane would again form, it would retain all the contractile properties of the original cicatrix. The second case of this kind that occurred to me, was that of a young gentleman who received a blow on the perineum. There was extravasation of urine and consequent sloughing; and when I saw him, there was a fistulous orifice in the perineum, through which the greater part of the urine flowed. I endeavoured to pass a catheter, but failed in the attempt. I think in this case, from what I observed, that the urine got into some cavity in the cellular texture of the perineum, out of which it flowed through the external fistulous orifice communicating with it. Finding all other modes fail, I adopted the same plan as in the former case. I found a large abscess in the perineum, but I could detect no trace of the urethra; I agreed in consultation with Mr. Guthrie, who attended the case with me, to do nothing more to this patient on that day, but to leave him quiet for a short time. Suppuration ensued, and on the next occasion of examining the parts, I found the posterior portion of the urethra, and that for the space of one inch the canal, was entirely obliterated. In this case, I introduced an instrument into the bladder, from the perineum, through the orifice by which the urethra communicated with the abscess, whilst I also introduced a straight silver tube armed with a stilette and lancet, and projecting the stilette very cautiously forwards, I cut through the cicatrix, and then introduced a *gum catheter* into the bladder.

*Abscesses in Connection with Stricture.*—The most common place in which you find abscesses in these cases is in the perineum. The continued pressure of a body of urine behind a stricture may soon cause a portion of the urethra to ulcerate, and the next time afterwards, when retention of urine occurs, the urine is pressed with the whole force of the bladder against the surface of the ulcerated cellular membrane of the urethra. If the surface which is ulcerated be but small, and a few drops only of urine become infiltrated into the cellular texture, you may very likely have the usual consequences of inflammation, suppuration, and abscess following. You will sometimes find the abscess situated behind the triangular fascia, and sometimes between its laminae. Sooner or later it bursts, but its period of coming forward varies; if it lies behind the triangular fascia, it may be longer than if it is in front of it. If the inflammation and consequent suppuration be slow, there will be less



constitutional disturbance. If the symptoms run high you will have a severe form of inflammation, and a more extensive sloughing, and the putrid matter will poison the system, and you will have the concomitant constitutional symptoms of low fever, black tongue, and muttering delirium; or you may have retention of urine in combination with this, in which the patient's life will be in extreme jeopardy, and if you attempt to pass the catheter you may fail; but if there be matter pent up, and you let it out, the patient will obtain relief immediately. The contents of the abscess may be confined to the perineum, but it may also come forward and present itself before the scrotum, or there may be sloughing of the scrotum itself in connection with it. I examined a body after death, in which I found that such an abscess as I am now speaking of, had burrowed down the thigh and into the groin and across to the other side of the foramen ovale of the ischium, where there was a portion of dead bone to be felt, and from this point it had pointed upwards and forwards over the pubis, by the ligament of the corpus cavernosum of the penis. I knew a case of this kind in which the abscess burrowed up on each side of the bladder into the pelvis, and the patient died. In old persons I have known abscesses form in connection with the bladder, and present in the lower part of it; I knew a case of this kind in which such an abscess ran up by what is called the urachus up to the navel, between the peritoneum and abdominal muscles. These abscesses generally produce great mischief. There is a great analogy between these abscesses and those of the rectum, which terminate in fistula, and these latter have always an internal and external opening, though the latter may be in some cases wanting. Abscesses in perineo sometimes become fistulous and will not heal spontaneously; the sides become hard and callous, and there will be a button-like projection around the orifice of the urinary fistula.

*Treatment.*—It is of very great importance that you should know how to treat these abscesses correctly, for prompt and decided conduct on your part in the management of these cases, will make all the difference to the patient between recovery and death. When the abscess presents in the perineum, and can be felt, no one would hesitate for one moment to let it out, whether the symptoms be urgent or not. But you will meet with cases in which the symptoms may be very urgent, and yet you may not be able to distinguish any sense of pointing or fluctuation in the perineum. The abscess may point up behind the triangular fascia, and all you can feel is a hardness and a lump pointing out where the matter is lodged; and in conjunction with these local symptoms, you may have the constitutional ones of difficulty of passing water, and a typhoid state of tongue. If there be matter, you must of course let it out, and in order to do this effectually, you should have a new lancet, rather longer than usual, as the matter sometimes lies very deep in the perineum, especially in fat people. You must plunge your lancet in at the spot where you feel the hardness and the tenderness, but be careful not to injure the bulb of the urethra, or the artery of the bulb; and in order to avoid these, you should bear in mind the anatomical relations of the parts you have to cut through, and you will have to plunge your lancet in up to the handle. When you find a drop of matter oozes out, withdraw your lancet and introduce a director; along this you may pass a probe-pointed bistoury, and dilate the opening you made originally with the lancet. You will in this manner frequently be able to open a very deep seated abscess, which you were only able to detect externally by its hardness and tenderness in the perineum. In these cases you will sometimes find the constitutional symptoms to be a more correct guide for you than the local ones. You must make a very free opening into the abscess, or some matter will lodge behind, and

from exposure to the air it will become putrid. When you open such abscesses as these, you will frequently find them to let out putrid matter, according to the quantity of the infiltrated urine. But one great reason why you should make a free opening in the abscess to let all the matter escape, is to prevent the abscess coming forward into the scrotum at the angle between it and the penis. The cellular texture of the scrotum consists of empty cells, which contain no fat. Where an abscess occurs in cellular texture, filled with fat, it is not of so much importance; but where the cells are empty, the swelling and inflammation are apt to increase in an extraordinary manner, and may torment the patient for many weeks if a few drops of urine become infiltrated into the cellular texture of the scrotum; in injecting a hydrocele, the same results may accrue as from the presence of an abscess. You may meet with cases in which an abscess may press on the urethra and cause retention of urine, and thus you may have an over distended bladder, and an abscess in the perineum at one and the same time. You try to introduce a bougie or catheter, but it will not enter the bladder, because the urethra is squeezed up impermeably by the abscess; you must in these cases open the abscess, and then introduce a small catheter and draw off the water.

When an abscess is opened, or bursts of its own accord, the sides of the aperture become hard and callous; some urine comes by the urethra, and some by the abscess, and prevent it from healing. Now, such a state of things as this is called a fistula in perineo, and you may have the same thing occur if the abscess opens on the pubes or in the groin. In a fistula in ano you have the rectum bearing the analogy that the urethra does in fistula in perineo. But it does not follow, that because they occur much in the same manner, that the same treatment will do for each case. The name of fistula has misled many persons. Urinary fistulae are not to be cured by simply laying them open; the only cases of the kind in which it is right to open them, are those in which the matter does not discharge freely. It is an important practical rule, that in order that an abscess should heal, it is highly necessary that its contents discharge freely, and do not lodge any where; and if it does not flow out readily, you must enlarge the original opening, or make a counter opening. The late Sir Everard Home was the first surgeon who really understood how to cure these cases; he used to say, that as long as the urine flowed through the fistula it would never heal; and he used to leave the fistula alone, and merely dilate the stricture; this is the mode of treatment I recommend you to adopt; and in nine cases out of ten you will be successful, and cure your patient. But there are cases in which, owing to the inflammation, supuration, and sloughing having been in the first instance very extensive, the opening in the perineum is very large, and will not readily heal. In these cases you must pass a full-sized instrument into the bladder every day, and in time the fistulous orifice will heal; there are very few cases indeed that do not get quite well under this plan of treatment; you must teach the patient to do this for himself. The time it will take to cure a patient by these means will vary; it may be for one month only, or for six, or for twelve months.

I do not think that I can recall a single case that has not been cured by these means, when properly persevered in. But I have seen other methods tried by other surgeons; I have known some who introduce the catheter very often, to prevent the urine passing through the fistula at all, but the frequent irritation caused by these means has been productive of great harm, and future mischief. In some of these cases I have known a gum catheter introduced into the bladder, and retained there, and let the water run off through it; occasionally, it has been taken out for a short time, and again introduced. Occa-

sionally, I have known an oiled silk tube attached to the gum catheter, and passed thence into the chamber pot. But I never knew a patient get better sooner by these means than by those I have just spoken to you of; for some of the urine is sure to flow out by the side of the catheter, and by keeping it constantly retained it acts as a sort of seton in the urethra, and in time the lining mucous membrane secretes pus, which escapes by the fistulous orifice, and prevents its healing. Where you find this to be the case, your best plan is to melt some nitrate of silver in a spoon, and dip a silver probe into it so as to get a knob of it on the end of the probe, and pass this down to the bottom of the fistula; you may do this once every three or four days, or you may use the caustic potash to it once a week. It is quite necessary that you should apply these remedies to the bottom of the wound, for if you apply them to the orifice only, at first that will heal up, and the parts below remain open as before; this rule of treatment you will find applicable to other fistulae, as well as to the particular one now more immediately under our consideration; and I am induced to mention this circumstance, because, in after life, you will find it to be a valuable one. I would not advise you to apply any lint in these cases, to keep the parts open; you will generally find it to be of more plague than profit to you.

In some of these abscesses in the perineum you will find no matter pointing below, and no hardness or swelling to indicate where it is; but the matter flows out entirely by the urethra. Now this case very closely resembles a blind fistula of the rectum, and you must, in such a case, make a very careful examination of the perineum to discover the exact locality which the matter occupies, and there you must make a counter opening. I have sometimes had patients come to me, complaining of long-continued gleet, and on examination I have found a small kernel-like knob in the perineum, about as large as a hazel-nut; such patients will most frequently have had stricture, without much attendant retention of urine; a patient may continue in this state for many years. Now, the little hardness in the perineum arises from a deposition of lymph, and in the centre of this hardness there is the small cavity of an abscess, which communicates by a narrow opening with the urethra behind the stricture; and whenever the patient makes water, there may, perhaps, be one drop of urine forced into this little abscess. In such a case as this you must, of course, dilate the stricture, but that is not all which you must do. Place your patient in the same position as for lithotomy, and plunge a long lancet obliquely into the centre of the little knob, to make an opening into the cavity, which you will be more likely to do by giving the lancet an oblique than a straight direction. Introduce a piece of lint into the wound, in order to keep the edges apart; in a few days suppuration will be established, and you will find that a drop or two of urine will come through the orifice that you have made, and then you will find that by this plan you have converted a blind fistula into an open one. If, when you plunge in your lancet you should not be fortunate enough to find the cavity, introduce a piece of caustic potash into the bottom of the wound, and make a slough; and when this slough comes away it will, in all probability, open the abscess, and the case is then converted into one of simple urinary fistula. In practice you will sometimes find that something of this kind will frequently occur in treating fistula, situated in the neighbourhood of the rectum. Ere I conclude this subject, let me again remind you that these cases are important ones; important to the patient as regards his future life and comfort; important to the surgeon as regards his future name and reputation, as a skillful member of his profession.

## CASES FROM THE EARLY NOTE BOOKS OF THE LATE

SIR ASTLEY COOPER, BART.

Extracted with permission of Bransby B. Cooper, Esq., F.R.S

### APOPLEXY.

A man was admitted into St. Thomas's Hospital for a venereal complaint. He was aged 40. It was observed at the time of his admission that there was an appearance of wildness in his manner, and incoherency in his conversation. His urine passed off involuntarily.

Dec. 11. He was obliged to be confined in bed, as he was wild and unmanageable.

12. He continued the same, until the evening, when he became insensible, and seemed to have lost the use of his left side.

13. He was sometimes comatose, at others raving. In other respects he remained the same.

14. He died easily.

*Dissection*—On examining the brain, it appeared sound till I came to the lateral ventricles, which contained each a coagulum of the same form as the plexus choroides, and lying on them.

The third ventricle was full of blood.

The fourth ventricle was also fully distended with blood, and from the lower part of this cavity it had escaped by rupture to the basis of the cerebellum, where there was a considerable accumulation between the tunica arachnoides and pia mater.

Some pus was found in the fourth ventricle, mixed with blood.

The anterior lobes of the brain were concealed by an effusion of lymph, and in some parts by a purulent fluid.

### WOUND OF THE KNEE JOINT.

I saw a case of a young man, who twenty-one days ago made a small wound into the knee-joint with an axe. Sticking plaster was applied and kept on for five days, when, as he complained of pain, it was thought right to dress him again. On the following day some discharge took place, and on the seventh day he began to complain of excessive pain, his cheeks became flushed, and he had all the symptoms of constitutional irritation. An immense discharge took place both from the joint and the bursa above it. These symptoms continued until the nineteenth day, when the discharge from the joint suddenly ceased, and he was attacked with shivering. A poultice had been applied, leeches had been used, and the body kept open.

I ordered the leeches to be continued; the aq. ammon. acet. to be applied; the limb to be kept perfectly at rest; and the saline draught to be given internally.

This person's knee should have been sewn up.

*Remarks.*—*Symptoms of Irritation.*—As symptoms of irritation are the effects of injury, and the means which nature takes to restore action, they should not be altogether checked, but only kept within those bounds which are necessary to prevent their being destructive. In all wounds, therefore, they are not to be entirely suppressed.

In disease it is different, for in disease the symptoms of irritation are leading to great mischief. For instance, suppose a man has inflammation in his testicle, this rouses the heart to action; if this is left to itself, it produces suppuration; but if moderated, matter is prevented from being formed.

But in a compound fracture, inflammation, suppuration, and ulceration must happen, and the symptoms which these produce are rather signs of a healthy state of body than injurious in their tendency.



*Pulse of Irritation.*—Irritable persons have from slight irritation often a quick and hard, often a vibrating pulse, when they will not bear bleeding. Opium, antimony, and saline medicines are under such circumstances preferable to evacuation.

*General Symptoms of Irritation.*—Pains in the back; in the head; in the bones; tongue furred; urine high-coloured and scanty; cheeks flushed; pulse, quick, full, trembling, hard (intermittent in old persons); thirst; sickness; no appetite; loss of rest; sweats profuse; cold; heat and sweating twice in the twenty-four hours; delirium; catching of the muscles, called *subsultus tendinum*, &c.

*Local Symptoms.*—Swelling; pain; redness; throbbing; partial prominence; fluctuation; gnawing pain.

*In a Wound.*—A slough of lymph; stopped discharge, or ichor instead of pus; matter, mixed with blood; puffiness; dry granulations, &c.

#### ABSCESS UNDER THE INTERCOSTAL MUSCLES WITH PSOAS ABSCESSSES.

By the desire of Dr. —, I examined the body of a man who had been a patient of his.

He had for some months previously to his death an abscess opening in the left side, opposite to the tenth rib, from which there was a constant and free discharge of pus. Not long before he died, he was attacked with the usual symptoms of phthisis, which carried him off.

*Dissection.*—On opening the chest, I found the right lung sound and unattached to the side, but the left lung was universally adhering.

When its substance was cut into, many tubercles appeared; some solid, others suppurating. Between the pleura and intercostal muscles, at the posterior part of the chest, was found an abscess extending about three inches in length, from the third to the sixth rib.

From this part the matter had, by a small sinus, gravitated obliquely to the tenth rib, where the abscess opened.

It was therefore entirely on the outside of the pleura.

When the abdomen was opened, two abscesses appeared—that is, one on each side, between the psoas muscle and the iliacus internus.

On tracing the origin of these, they were found beginning on the fore part of the spine, at the first lumbar vertebra, and extending to the last. The ligaments on these were much thickened, and in many parts ulcerated, and one of the intervertebral cartilages was almost totally absorbed.

The abscesses extended from this part down on each side towards the middle of Poupart's ligament; one of them had reached the trochanter minor, the other had not passed out of the cavity of the abdomen; that on the left side was the longest. The glands in the vicinity of the abscesses were much enlarged, and many of them had a curd-like matter within them, similar to that in each of the psoas abscesses.

#### FRACTURE.

July 5. Examined a simple fracture, which had been broken thirteen days. Periosteum slightly thickened; passed over the callus.

Cartilage extended from the side of the fractured end of one bone to the other. Ossification was beginning in patches in the cartilage, but nearest to the bone. The cartilage appears worm-eaten before the bone is deposited.

#### OBSERVATIONS

##### ON THE CLIMATE, TOPOGRAPHY, AND DISEASES OF THE BRITISH COLONIES IN WESTERN AFRICA.

By E. J. BURTON, M.D.,

*Assistant-Surgeon to the 25th Regt., late Assistant Surgeon to the Royal African Corps.*

#### No. III.

In my former communications I gave a brief sketch of the colony of Sierra Leone; the present will be chiefly occupied in describing our settlements on the river Gambia. These settlements are not so well known, neither have they acquired the notoriety attaching to Sierra Leone; yet in a commercial point of view they undoubtedly deserve to rank before the latter place. Before leaving the vicinity of Sierra Leone, however, I shall say a few words regarding the Isles de Los.

These islands, five or six in number, lying to the north of, and about seventy miles from Sierra Leone, are situated opposite to Tombo point—the mainland—and distant from the latter about three miles. Crawford Island, one of the group, was selected for a settlement, established as a military quarter during the government of the late Sir Charles McCarthy; the selection certainly appears rather extraordinary, as it was decidedly the least likely of the whole group to prove a healthy place, being generally low, damp, and swampy; whilst the neighbouring island of Tamara is elevated, fertile, free from swamps, and, as far as salubrity can be expected in these regions of malaria, likely to hold out hopes of comparative health. During the administration of General Turner, a dreadful fever appeared amongst the military quartered on Crawford Island, and since then the Isles de Los have been abandoned as a military station, and nearly so as a settlement, a few pensioners only from the West India Regiments still inhabiting one or two of them; and, I believe, there is, or there was till very lately, a British merchant residing on one of these islands.

From the Isles de Los to the mouth of the river Gambia, a distance of about five hundred miles, there is no British settlement, although considerable trade is carried on in most of the rivers between these points, as the Melacoree, the Scarcies, Nunezpongoss, and Cazamance. At the mouth of the river Gambia, or rather a few miles up the river, is situated the Island of St. Mary's, in about 13 deg. 30 min. north latitude, and 16 deg. 42 min. west longitude. On this island is built the town of Bathurst, the seat of the civil government, the head-quarters of the military, and the chief town on the river Gambia. The river Gambia has been the subject of much discussion amongst ancient writers, many of them calling it the Niger, others again describing it under the name of the Niger Nile. The river Gambia is decidedly the finest of the West African rivers, being navigable for upwards of three hundred miles from its mouth, for vessels of considerable burthen, and still much higher up for vessels of smaller size. Like all other rivers in Western Africa, its banks are low, muddy, and for a great way up thickly studded with mangrove bushes; indeed, much of the country on each side of the river is nothing but extensive swamps, with a small patch of land, capable of cultivation, now and then showing itself amongst these morasses. After ascending the river for about one hundred miles, the country is found less wooded, the banks of the river more elevated, the nature of the wood changes, large trees become more plentiful, and mangrove bushes are seldom met with on the edges of the river. At its mouth the river abounds in fish of excellent quality; here is found, as in all the rivers of Africa, the rapacious shark, the dread of the funny tribe, who,

not satisfied with making war upon his watery companions, attacks with equal ferocity the inhabitants of Terra Firma. Higher up the large and unwieldy hippopotamus is seen sporting in the water, and seeming not a little to enjoy his cool and refreshing bath. On the shores are found deer of various kinds, elephants, wild boars, monkeys of large size, and sometimes in flocks of many hundreds. These animals seem to view the intrusion of the traveller into these territories with feelings of much displeasure; frequently, when a vessel is pursuing its peaceful voyage up the river, they rush to the banks, jump into the trees close to the margin of the water, shake the branches with great violence at the vessel, using at the same time those gesticulations and jabberings, known to denote anger amongst the monkey tribe. Either basking in the sun on the muddy banks of the river, or seeking their prey in the water, are seen numbers of alligators, equal, if not surpassing the shark in rapacity. So extremely ravenous are these animals, that bathing in the river is not a little dangerous.

Towards the source of the river, and especially in its tributary streams, the natives find a considerable quantity of gold, which forms one of the principal articles of trade with the merchants at the different settlements. The most lucrative and extensive trade carried on between England and the Western Coast of Africa, is at the river Gambia. The chief articles of native produce are gold, bees-wax, ivory, timber, hides, and groundnuts; these latter taste something like the almond, and have been used for the same purposes; besides which, a fine clear lamp oil is extracted from them. I shall now proceed more minutely to describe the Island of St. Mary's.

This island is situated in the mouth of the river, and about eight miles from the cape of the same name; it extends along the south bank of the river, from which it is divided by the "Oyster Creek," a small stream which may be described as abounding in mud, mangroves, and oysters. The oysters here, during the dry season, are extremely good; they adhere in great numbers to the branches of the mangrove trees, on each side of the stream, and when a supply is wanted, it is usual to order your servant to go and cut down an "oyster tree," and carry it home. The island may be briefly described as a low mangrove swamp, about four miles long, averaging two and a half in breadth, and having a few sandy spots some feet above the level of the sea. The island is separated from the north, or "Barra" shore, by the main branch of the river, which is here upwards of three miles broad. The town of Bathurst, which has an extremely neat and pretty appearance on approaching it from the sea, is built on the end of the island, most distant from the mouth of the river. The front or main street is near to and facing the edge of the river. The houses occupied by the European inhabitants are substantially built of stone or brick; they are all white-washed, with painted piazzas, which gives the town an extremely neat and clean appearance. The greater portion of the land on which the town is erected has been formerly a mangrove swamp; the place is now surrounded on all sides, except that facing the river, by swamps; and the very streets during the rainy season become impassable from wet. It therefore cannot be wondered, that this settlement has on the coast even a worse character for salubrity than Sierra Leone, and the inhabitants of the latter place dread a visit to St. Mary's during the rainy season.

The climate of this place differs little from that of Sierra Leone. During the rainy season it is undoubtedly more unhealthy, few persons escaping an attack or two of fever; on the other hand, during the months of December, January, February, and March, there is a cool and bracing effect in the air of St. Mary's, which proves very restorative after the previous unhealthy months, giving the dry season,

in point of salubrity, a decided advantage over that of Sierra Leone; the temperature of the rainy months coincides with the table given in the paper on Sierra Leone. In December, January, February, and March, the weather here is much cooler, especially during the prevalence of the harmatan winds, and early in the morning, when the thermometer may often be seen as low as sixty. The rainy season is of shorter duration here than at Sierra Leone, beginning generally in June, and ending early in October. The difference between the climate of these two places consists in the Gambia having a much more healthy and longer dry season and Sierra Leone not being quite so insalubrious as the former during the rainy months; as regards the European population they may be considered essentially the same. The black inhabitants of the Gambia, however, suffer much more, and die in greater numbers than those at Sierra Leone. This is attributable to the greater dampness during the rains, and the increased cold of the dry season; both not unfruitful causes of disease amongst the blacks.

The inhabitants of the island number about 5,000 persons, of which sixty to seventy only are Europeans. Nearly all the population is to be found in and about the town, the island being totally unfit for cultivation. Some hundreds of unfortunate liberated Africans were at one time sent to this place from Sierra Leone, for the purpose of cultivating the land; but after the poor wretches were nearly starved to death, the wonderful and sapient discovery was made, that arid patches of sand, and sterile mangrove mud, were totally unfit for agricultural purposes, and incapable of producing the necessaries of life. Bathurst is the residence of the lieutenant-governor, also the civil officers of the government, including those of the colonial secretary's office, customs' department, law officers, &c. The duties of the garrison are performed by a detachment from the 3rd West India Regiment. There are generally from eight to ten military officers at this station, including the commissariat, medical, and engineer departments.

The number of deaths amongst the military officers here have been few for the last four or five years, considering that each officer averages at least five attacks of sickness yearly. The public buildings at this station are not numerous, and consist of the government house, colonial secretary's office, gaol, liberated African department, commissariat and military buildings; the latter three in number. The officers' barrack is small, badly built, often in bad repair, and affording the very worst accommodation. The men's barrack may be described in the same words as the officers' quarters. Lastly, the hospital, which is large, was originally well and comfortably built; the upper story is generally occupied as officers' quarters. The building at present is in the very worst state of repair.

Opposite the Island of St. Mary's, to the north, is the "Barra" territory; the country on this side of the river is more elevated than the island; the soil also, is drier, rather fertile, and capable of cultivation. On a small point extending into the river is erected "Fort Bullen," for the purpose of protecting the British inhabitants on this side of the river. Fort Bullen is a neat building, of a square form, with circular bastions at each corner; inside there is a quarter for two officers; also, in a separate building, a barrack for about thirty rank and file. A large tract of country alongside the river has been ceded by the King of "Barra" to the British government. Near Fort Bullen is the little village of "Berwick-town," the original inhabitants of which were discharged soldiers from the West India regiments; many of the surrounding natives have also taken up their abode in the village; a small quantity of the adjoining land is cultivated by them. The Wesleyan Missionary Society have a house situated between the village and the fort, where one of their missionaries



usually resides. This side of the river is much better adapted, especially as far as fertility of soil is concerned, for a settlement, than the Island of St. Mary's; but on the whole it is not sufficiently elevated, or free from swamps, to hold out any very sanguine hopes as to health.

It may be naturally inferred that no proper site for a settlement could be found in the vicinity, or the mangrove swamps, dignified by the appellation of the Island of St. Mary's, would not have been chosen for a settlement; such an inference would not seem, however, to be borne out by facts.

Extending into the sea, at the mouth of the river, is a promontory called *Cape St. Mary's*; here a settlement might have been formed where the native African, at least, could have existed; whilst it is notorious, and the native funerals which daily, nay, sometimes hourly take place at Bathurst, prove that even the African cannot live in a place so decidedly inimical to the human constitution. *Cape St. Mary's* is situated about eight miles from Bathurst; there is no obstruction intervening between it and the ocean, consequently the beneficial effects of the sea breeze, so wholesome, refreshing, and invigorating, is enjoyed without interruption every day during the year. The land in the immediate neighbourhood of the Cape varies from 50 to 100 feet above the level of the sea. There are no mangrove swamps in the immediate vicinity, and those at some distance are to leeward of it, a circumstance worthy of consideration in the selection of settlements in tropical countries; for where the sea breeze blows over a swamp, instead of conducing to health, in that case it becomes, to a certain extent, the medium of bringing those miasmatic exhalations in contact with the body, which are universally allowed to produce tropical fevers.

The country surrounding the Cape is beautifully, though not thickly wooded; the soil is rich, fertile, and capable of bringing forth all tropical productions. There is a native village near the Cape, the inhabitants of which are strong and healthy, and during a residence of nearly three weeks at the Cape, I never saw a case of sickness amongst them. This place has been, for some years, resorted to as a convalescent station by the military, and other inhabitants of Bathurst; and the manifest improvement in health always resulting from a short residence here, shows that the benefits, supposed to be derived from an elevated situation, dry soil, proximity to the sea shore, and consequent full and uninterrupted influence of the sea breeze, are not altogether theoretical. There is a military building here, erected for the purpose of accommodating the officers of the *Gambia* stations requiring temporary change of air; it is, however, in such a bad state of repair, that few resort to it; the house is not habitable during the rainy or unhealthy season, when it would be most required. A large tract of land in the vicinity of the Cape has been lately purchased by the government; but whether an attempt will be made to establish an agricultural settlement here, it is difficult to say. Since the purchase of this tract of land, a small military force has been quartered here.

On proceeding up the river *Gambia* for about 20 miles, a small island appears, nearly in the middle of the river, on which the late "*African Company*" had a slave factory, called *James's Fort*. The buildings in this island were extensive, and the place well fortified; it is now totally abandoned. On the north shore opposite to this island, is the small French trading post of *Albredar*, where there is every reason to believe the slave trade is still, to a certain degree, carried on, although within a few miles of the British headquarters on the river *Gambia*. Between *Albredar* and *M'Carthy's Island*, there is no British settlement; but there are, on either side of the river, numerous small trading places.

*M'Carthy's Island* is a settlement of some extent,

situated about 250 miles from the mouth of the river; it is about four miles long and two broad, with an average elevation of about ten feet above the level of the sea. The soil is clayey, extremely wet and damp during the rainy season, but becomes quite hard and dry in the summer; it is consequently difficult of cultivation, but sufficiently fertile, producing a good deal of rice, corn, &c. The village, in which reside the European inhabitants, is called *Georgetown*; it contains several well built stone houses. It is situated on the edge of the river, and about equidistant from either end of the island. The population of the island is about 4,000; the number of white persons seldom exceeding twenty, including the civil and military officers. There is a government house, in which the commandant of the island resides. A small but neat and comfortable officers' barrack has lately been erected. A large soldiers' barrack, capable of containing 150 men, has been completed some time ago; it is, however, only one storey high; the men are consequently quartered on the ground floor, an unpardonable blunder, considering that ample experience has proved such an arrangement to be one of the most fruitful causes of disease on this coast, even amongst black troops. The duties of the garrison are performed by a detachment from the 3rd West Indian regiment. To the rear of the town, and, during the rainy season, extending to its outskirts, lies a swamp of considerable extent. There are several others in the island, but not so large as this one. The climate of *M'Carthy's Island* differs little from that of *St. Mary's*; the rainy season does not set in quite so early, but lasting a little longer. The actual duration of it in both places may be considered equal.

The extremes of temperature here are great during the prevalence of the harmatan winds. In December, January, and February, the cold is such, that fires in the dwelling houses are absolutely necessary, and the inhabitants may be seen dressed as if for the purpose of encountering a northern winter. This excessive cold in the morning is often productive of agues. On the other hand, the heat during the summer months is equally powerful, Fahrenheit's thermometer not unfrequently rising to 110 degrees in the shade; the greatest heat is generally felt about one, p.m. Notwithstanding this excessive range of temperature, the European inhabitants do not suffer more than at other places on the coast; indeed it is generally considered the most healthy of our stations. One fact much in its favour is, that the yellow fever which committed such ravages at *Sierra Leone* during the epidemics of 1823, 1829, 1837, and at *St. Mary's* in the year 1837, never appeared at this island.

There are two native villages on *M'Carthy's Island*; one, near *Georgetown*, is chiefly inhabited by *Foulahs*, a pastoral tribe, generally employed in herding cattle. They are a wandering people, found in most parts of Western Africa; they possess numerous herds of cattle, and roam about in search of pasture for their flocks, and on their milk they chiefly subsist. They are essentially different from all other African tribes; they have extremely well formed features, a strong Jewish cast of countenance, and in many of their customs resemble the Hebrew nation. The other small village, called *Fatota*, is at the extremity of the island; it is mostly occupied by native traders, their wives, children, and attendants. There is stationed here a sergeant's guard from the garrison at *Georgetown*.\* Opposite *Fatota*, on the northern shore of the river, there is a fine range of mountain, about 150 feet high, thinly wooded, with a fine dry soil; the air, on the summit of this mountain, feels much cooler during the heat of the day than at the island. In its rear lies a fine

\* The Wesleyan Missionary Society have lately commenced building a college at *M'Carthy's Island* for the purpose of educating the sons of the native kings. Their sable Majesties profess themselves anxious to have their children educated in the missionary school.

arable country, fit for all the purposes of agriculture. It seems highly probable—indeed, there is both theory and experience to support the idea—that, had the settlement been established on this range of mountains, instead of on the low and swampy island before described, it would have been decidedly the most healthy on the west coast of Africa.

The chief object of the first settlers on this coast, seems to have been the selection of places, low, wet, and swampy, probably for the purpose of trying how far man is capable of conforming his habits to those of the “amphibia.” No other, and therefore no better reason can be given. It is certainly a curious fact, that preparations were at one time made to establish a settlement on a small island midway between St. Mary’s and M’Carthy’s Island, which, for upwards of three months during the year, is nearly under water; the idea of a subaqueous colony is not a little amusing. The island still belongs to the British government; and the expense, &c., attending this novel experiment in colonisation was only prevented by the death of the governor under whose administration the splendid scheme originated. It is to be regretted that other and more recent attempts at African colonisation, of greater magnitude, but of nearly equal absurdity, should not have perished in embryo likewise.

In my next, I propose to take a glance, “*en passant*,” at the French settlements on the coast, make a few remarks on the fact that the French inhabitants of tropical countries in general enjoy better health than the English, give a few brief directions as to the best mode of preserving health on the west coast of Africa, and then proceed to describe the diseases incidental to the climate, commencing with fevers.

## ABSCESS IN THE PELVIS AFTER PARTURITION.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—Should the following case of abscess in the pelvis be considered worthy of being recorded in your Journal, I shall feel obliged by its insertion.

Yours respectfully,

J. T. JAMESON,

Surgeon to the Rochdale Dispensary.

December 21, 1841.

Mrs N— was admitted a patient of the dispensary under my care, November 3, 1841. She informs me that it is a month since her confinement, in which she was attended by a female, claiming the title of midwife. The labour was speedy, and the placenta not being equally so in its exit, the midwife pulled it away with much violence, giving her acute pain, particularly in the left iliac region. There was a copious discharge of blood at the time, and a moderate quantity for a few days subsequently. The pain in the left groin, for on more particular examination such was found to be its seat, has been gradually increasing from the time of delivery, and, according to her description, is of a throbbing and occasionally stabbing character, shooting down to the anus, and across to the pubes. In the horizontal position the pain is not so violent except at night, when it is frequently very severe, and deprives her of sleep. When she assumes the erect position, the pain is very distressing, particularly on attempting to walk, which she accomplishes with the body bent forwards, and the left thigh drawn up towards the trunk. Bowels constipated, and when moved she experiences acute pain in the region of the anus; passes her urine with difficulty and much pain; countenance pale and haggard; pulse frequent and small; tongue dry and brown in the centre; thirst, loss of appetite, and emaciation. There is some degree of fulness to be de-

tected in the left inguinal region; but no defined solid tumour can be felt. There is much pain experienced on pressure being made immediately above the centre of Poupart’s ligament, and it is to this spot that she points as being the principal seat of her pain. A vaginal examination being permitted, no cervix uteri is to be felt, and the os tincæ is firmly closed. On the left side of the os uteri, a firm unyielding tumour is perceived, which projects but little into the vagina, and, so far as can be ascertained by the finger, appears to extend up towards the left groin. Pressure upon it produces acute pain; on examining per anum, a swelling, occupying chiefly the left side of the pelvic cavity, and apparently almost obliterating the calibre of the rectum, was discovered. Pressure upon the tumour causes here, also, severe pain. She was ordered to maintain the recumbent position, and to take castor oil until the bowels were freely moved. Pil. sap. c. opii. grs. x h.s.o.n.—Nov. 8. Found her sitting up, and much improved in appearance, having lost the haggard, anxious countenance above mentioned. The bowels have been well moved; she has much less and the whole of the left foot placed upon the ground, pain, and is able to walk with the body nearly upright, which she was unable to do before. Has slept much better the last two nights. Whilst sitting up, on the evening of the 6th, she suddenly discharged about half a teacupful of pus per vaginam, which was followed by immediate relief, and, on rising to walk, she found she was able to extend the thigh, and set down the foot much better than she could previously. She rapidly improved from this period, requiring merely a little castor oil occasionally; and on Tuesday, December 14, she came to the dispensary to be discharged. She appears to walk without impediment, although she expresses herself as feeling weak on that side; with this exception, she seems quite restored.

## IDIOPATHIC HYDROPHOBIA.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—If you think the accompanying case of sufficient interest to merit a place in your Journal, the insertion of it will oblige, Gentlemen,

Your obedient servant,

JOHN KIMBELL, M.R.C.S.L.

Knowle, Warwickshire,  
Dec. 30, 1841.

W. K., aged 24 years, of a bilious and lymphatic temperament, has, during the last month, suffered from occasional attacks of palpitation of the heart, occurring generally in the night, and invariably followed by profuse perspiration. On October 4, 1831, he rode a distance of fourteen miles, and, on arriving at the end of his journey, about twelve o’clock, a.m., he was seized suddenly with great difficulty of breathing, pain over the region of the heart, and painful sensations over the chest. The paroxysm continued for a few minutes, when the dyspnœa and pain gradually subsided; he afterwards ate a good dinner, and appeared as well as usual, until about eight o’clock in the evening, when all the symptoms returned with greater violence than before, and to so distressing a degree did the dyspnœa increase, that there appeared to be imminent danger of suffocation. He was now bled to eighteen ounces, but without any manifest relief, and the operation was repeated in three hours to the amount of six ounces, which had the effect of considerably relieving the pain. About five, a.m., Oct. 5, I saw him; he could not speak, although conscious of what was passing around him; I was informed that he had had violent convulsive movements of the arms, which had lasted nearly an hour, and he now appeared to be suffering from a spasmodic constriction about the



glottis and pharynx, causing extreme difficulty of inspiration, which had a peculiar crowing character; he had likewise a great desire for water, and complained much of thirst; no sooner, however, was this fluid brought into his presence, than it was obliged to be withdrawn; the sight of it caused an alarming increase of pain about the larynx with a horrible feeling of suffocation, but with the removal of the water the symptoms became ameliorated. From so many hydrophobic symptoms being present, I was apprehensive he might have been bitten by a dog, and questioned him upon the subject very closely, but to all my interrogations he shook his head negatively. During the intervals of case, his pulse was full and soft, and averaged eighty beats in a minute; his tongue was clean; the bowels were regular; and the skin of the natural temperature. Aware that there was predisposition to spinal disease, I examined the back, and found about the lower part of the cervical region, tenderness upon pressure, and I observed that this pressure invariably produced an exacerbation in all the symptoms, and of this I fully satisfied myself, and my patient likewise, by repeating the pressure three or four times. A blister was applied over this spot; it rose well, and he soon became able to swallow. Doses of opium were given by the mouth, and an opium injection was administered *per rectum*. I should have stated that, from the commencement of the attack up to the present period, he has experienced a great difficulty in passing his urine, but none in voiding his feces. 5th. Much improved in every respect, but when his head was raised the spasm was speedily reproduced. He had a constant smacking of his lips, and frequent twitches in his legs and feet; the right arm found partially paralysed. No headache; no confusion of intellect. 7th. Still improving. Spasms had entirely disappeared; he could swallow fluids with the greatest ease; tongue clean, bowels well opened, secretions healthy; he can now be raised without suffering. The blister discharged freely. The dorsal region was rubbed with an embrocation containing croton oil, tartar emetic, &c., and quinine was given during the day, with henbane at night. From this period he gradually progressed, and at the end of the month was thought sufficiently improved to resume his avocation. One day, however, previous to his intended departure, he had a return of the dyspnoea, but in a much less degree than before. This was immediately treated with the application of leeches to the cervical region, followed by a blister, when all the symptoms soon vanished. He has two issues, one on each side of the cervical vertebrae, which discharged freely, and he may now be considered convalescent.

### CASE OF SPONTANEOUS CURE OF TUBERCULAR CONSUMPTION.

By M. PAYAN.

SURGEON TO THE HOTEL-DIEU, OF AIX.

Josephine M—, 26 years of age, was admitted into the Hotel-Dieu, of Aix, in the month of January, 1837. Three years previously, this patient had been an inmate of the same hospital, labouring under all the symptoms of confirmed pulmonary consumption; she had a deep hollow cough, abundant expectoration of pus with broken down tubercular matter, hectic fever, &c. After remaining three months in hospital, she was sent home to die; but the subsequent history of her case showed a far different termination. The cough, expectoration, and fever continued for a considerable time, but they gradually diminished; the patient now began to recover her strength; the pulmonary symptoms disappeared altogether, and the girl felt herself able to return to her work, as she ex-

perienced nothing more than a slight difficulty of breathing when she fatigued herself too much.

When re-admitted into the hospital in 1837, the patient presented no trace whatever of her old pulmonary complaint; she had a slight gastric affection, but was soon attacked by the influenza, which prevailed at that time. Towards the evening of the day on which she was attacked, the respiration became difficult; the dyspnoea rapidly augmented during the night, in spite of her utmost efforts; and the poor girl died before morning in a complete state of asphyxia.

The rapid termination of the case induced me to have the body examined with more than ordinary care. This was done on the following day.

The left side of the chest was evidently smaller than the right. On opening the head, we found considerable congestion of the veins, but nothing more. The thoracic cavity was next examined. The first thing which struck me was the great disparity of size between the two lungs; the right lung was large, and completely filled the right side of the thorax, while the left lung was reduced to a very small volume, and concealed in its cavity by a quantity of laminated tissue; on further examination, it was seen that the organ was completely atrophied and impermeable to air; it was firm to the touch, and more consistent than the renal capsules. On cutting into the substance of the lung, we found several cavities of various sizes, which communicated with each other; they were, however, completely cicatrised and free from matter.

The right lung was gorged with blood throughout its whole tissue, but imperfectly crepitant.

The post-mortem appearances, then, perfectly explained the rapid death of our patient from a slight attack of influenza. The girl had been consumptive, but one lung only was attacked; the tubercles were numerous, and occupied a great portion of the parenchyma of the lung; they had softened, and were completely removed by expectoration. This was shown by the abundant expectoration of purulent matter during life, and the numerous cavities found in the lung after death.

It may not, perhaps, be difficult to explain the cure of phthisis in the case, if we remember that one lung only was attacked; the right lung, which fortunately remained free from disease, was sufficient to answer the demands of respiration, while nature was eliminating the morbid deposit from the left half of the chest.

Although this case terminated successfully, it seems to prove the necessary incurability of pulmonary consumption in a very great number of cases, even though we admit the expulsion of all the tubercular matter and the cicatrization of the caverns. The effect of any such temporary cure in a case of extensive tuberculation must be to leave the lung in such a condition as would unfit it altogether for the purposes of respiration; this was what occurred in the present case, and accounts for the rapid death of the patient, the right lung being gorged with blood, and the left impermeable to air, the patient was cut off by suffocation.—*Revue Med.*, November.

### CANCER OF THE

### SYGMOID VALVES OF THE AORTA.

The records of medicine contain numerous histories of disease of the valves appertaining to the heart and great vessels; thus we have cases of fibrous, cartilaginous, and osseous indurations, vegetations of different kinds, but cancerous degeneration of the valves is extremely rare. Having observed a remarkable case of this kind in the year 1838, I think it worthy of being added to others which may previously exist.

On the 23rd of February, 1838, a soldier was admitted into our hospital; he had always enjoyed excellent health, and merely suffered under swelling of the left ankle, which was attributed to the fatigue of his journey from Africa. The tumefaction gradually increased, and was treated as rheumatismal, but without any benefit. Our attention was now directed to the condition of the heart, and various symptoms of disease of that organ were discovered; but medical treatment had no effect on them, and the patient died on the 30th of March, thirty-seven days after his admission into hospital.

The symptoms just alluded to, consisted chiefly in violent dyspnœa, often coming on with agony and imminent suffocation; great moral depression; lividity of the countenance; slight trembling feel over the region of the heart; and a *bruit de râpe*, on auscultation. During the last days of his existence the pulse was small, hard, and irregular, but not intermittent. The man died in a most painful paroxysm of dyspnœa.

On examining the body after death we found the following appearances. The hands and face were infiltrated with serum; the veins of the head and thoracic viscera much engorged. The right side of the heart was healthy; on cutting open the left side, with the aorta, the cause of the disease became manifest. One of the sigmoid valves of the aorta was completely disorganised; it was four times thicker than natural, and transformed into an irregular tuberculated tissue; on dividing the valve in its centre, the nature of this tissue was seen to be evidently cancerous; it was friable, and of a reddish yellow colour; the degeneration had extended slightly to the neighbouring tissues, and behind the diseased valve was a cancerous ulceration, of the size of a ten-sous piece, covered with cancerous vegetations.

The diseased valve had, in this case, considerably abridged the calibre of the aorta, and impeded the passage of blood into the arteries. Hence the blood which arrived from the lungs was imperfectly distributed to the rest of the body, and hence the congestion of the lungs occasioning dyspnœa, livid countenance, &c., with irregularity of the pulse, and abnormal sounds of the heart. The left ventricle was not augmented in size; but this seems to be accounted for by the recent date of the disease, the first symptoms of which had appeared only forty days before death.—*Revue Med.*, November.

## A HOLY ALLIANCE.

(From a Correspondent.)

The following marriage is copied from the "Devizes Gazette," of 23d December, 1841:—"At the Independent Chapel, Corsham, on Tuesday last, by the Rev. Geo. Slade, Mr. John Stantial to Miss Sarah Taylor, both of that place.

The Editors of the "Provincial Medical and Surgical Journal" are respectfully informed that the above parties are respectable people in their way; the lady having carried on a retail drug trade, dispensing, prescribing, &c., single-handed, for some time, at Corsham (population about 3,000), until the other day, the gentleman, a journeyman tailor, absent for six months to learn dispensing and retailing drugs, has joined the lady in one concern, and are now carrying on business accordingly! It is notorious the public will go to any respectable looking shop, never requiring qualification, or using discernment, so long as they can get things cheap; therefore, it is high time the legislature should interfere, by interposing a strict examination and diplomas, for chemists and dispensers, to guard against the most serious consequences.

## PROVINCIAL

## MEDICAL & SURGICAL JOURNAL

SATURDAY, JANUARY 8, 1842.

In noticing the valuable contributions to vital and medical statistics, furnished in the Third Annual Report of the Registrar General, it is scarcely necessary to point out the benefits likely to accrue from the working of the Registration Act. Many subjects of interest, upon which, previous to the publication of the preceding Reports, vague or erroneous opinions were entertained, have been elucidated. The knowledge which we formerly possessed upon others has been rendered more precise; while the errors attendant upon certain modes of investigation, hitherto relied upon, have been detected, and the means of correcting them pointed out. The practical bearing of these inquiries also, in indicating not only the operation of the general causes of fatal disease, but also the precautions by which they may be avoided, neutralised, or otherwise removed, is manifest, while the improvement in the public health, which in certain instances has taken place under circumstances clearly pointed out by these Reports, affords both direction as to the methods to be pursued in the attempt at producing a still further amelioration and encouragement for persevering in those from which advantages have already been experienced.

We have recently had occasion to enforce attention to the mischiefs arising from over-crowding of the population. These were well illustrated in the first and second Reports, and have been also demonstrated in other public and authentic documents. The Report now before us contains additional evidence upon this subject. Selecting the metropolis and twenty-four of the principal town and city districts, and comparing the registration returns from these districts with similar returns obtained from counties containing a less dense population, in which the inhabitants are chiefly engaged in agriculture, Mr. Farr has ascertained that the mean duration of life in the two classes of districts differs nearly 17 years, the average of life being 55 years in the country and only 38 in the towns. The density of the population in the country districts referred to, compared to that in the towns, is as 10 to 245; the mortality as 100 to 144. These results were calculated from the returns afforded by the two years 1838-39, and the difference in favour of the country districts is greater than was given in the Second Annual Report, founded upon the returns for the year 1838 alone, in consequence of the deaths in Bristol, Clifton, and Norwich having been included in the country districts in the calculation for that year.

Among the diseases which were found to prove most fatal in the densely crowded districts, must be enumerated those incidental to childhood—hydrocephalus, cephalitis, convulsions, teething, pneumonia, small-pox, measles, scarlatina, whooping-cough, and croup. From



these combined causes, the deaths in 1,000,000, living in the country, were 4,265, in the towns 9,699, giving an excess of 127 per cent. in the mortality of densely peopled districts from these affections. Among the diseases chiefly affecting the middle periods of life (from the ages of 15 to 60), which were more fatal in the town than in the country districts, are those mentioned in the subjoined table :—

	Deaths registered in		Deaths in 1,000,000, living in		Excess.
	Country Districts.	Town Districts.	Country.	Towns.	
Typhus . . . . .	6,462	10,852	941	1,461	Per Cent. 55
Consumption . . . . .	24,094	32,436	3,508	4,367	24
Hepatitis and Diseases of Liver . . . . .	1,085	1,623	158	219	38
Diseases of Child-bearing . . . . .	909	1,560	132	210	59
Rheumatism . . . . .	324	531	47	71	52
Paramenia . . . . .	19	35	3	5	70

"The tendency to consumption," observes Mr. Farr, "was increased 24 per cent.; to typhus 55 per cent. in the town districts; but as the absolute mortality from consumption is three times as great as from typhus in towns, and nearly four times (3·73) as great in the country, the excess of deaths by consumption, caused by the insalubrity of towns, is greater than the excess of deaths by typhus—a fact which has hitherto been overlooked. Thus, 24,094 deaths from consumption occurred in the country. 32,436 in the town districts; the excess amounted to 8,342 deaths; 6,402 deaths from typhus occurred in the country, 10,852 in the town districts; the excess amounted to 4,450 deaths." "The facts show the propriety of the ordinary medical advice to place persons of a consumptive habit in a pure atmosphere; but they militate against sending them to reside in the continental towns, in many of which, the mortality is as high as it is in Bethnal Green and Whitechapel. Paramenia (mismenstruation), though rarely fatal, is a very common disease, and one which greatly embarrasses the medical practitioner. The facts in the table point out the utility of the country watering-places to patients afflicted with the complaint in cities. The excess of deaths by childbirth in the town districts is striking. Out of nearly the same number of deliveries, 909 mothers died in the country, 1,560 in the town districts."

Of the diseases which affect old people, several are almost equally numerous in the country as in the town—for instance, paralysis and apoplexy. The deaths registered from old age are more numerous in the country, being 2,446 in 1,000,000 of the population; whereas in the same proportion of a town population the number of deaths ascribed to this source is 1,922. The excess in the country is, therefore, 27 per cent. From asthma, on the other hand, also a disease of old age, the deaths are most numerous in towns. It should, however, be observed, that many cases of dyspnea from bronchial diseases of various kinds, occurring in those of less advanced age, are not uncommonly called asthma, and it is probable are frequently registered under that head. It should be recollected that the proportion

both of old people and of children living, is considerably greater in the country districts than in towns, and various corrections thus become necessary before an approximation to a correct result can be arrived at.

The mortality of 1839 was considerably less than that of the preceding year; but it is remarkable that the decrease was greater in the towns than in the country, as is shown in the following table :—

	Deaths in the	
	Town Districts.	Country Districts.
1838 . . . . .	101,019	65,867
1839 . . . . .	96,455	63,761
Difference . . . . .	4,564	2,106

In relation to this point it is observed that "the mortality in the whole of the metropolis, but particularly in Whitechapel and the worst parts, had decreased in 1839. The weekly tables up to the middle of 1841 show also a progressive amelioration, which may be expected, *cæteris paribus*, to proceed much more rapidly when the new streets and park shall be opened, and when the sewers and streets, and the dwellings of the poor are placed in circumstances which will secure more cleanliness and a moderate supply of pure air. The causes of the excessive mortality of towns are well known, and it cannot be too frequently repeated that they admit of removal to a great extent. The mortality increases, *cæteris paribus*, as the density of the effluvial poison generated in cities, and not strictly as the density of the population. The indigence of the inhabitants, or an insufficiency of proper food—even when not carried to the extent of starvation or famine—has also a decided effect on the production of effluvial poisons, as well as on the tendency to diseases of every kind. Hence the mortality is not always greatest in the densest parts of cities."

The view here taken is to a certain extent well founded, but at the same time that it encourages us to hope for a progressive amelioration in the condition of the inhabitants of towns, it materially increases the responsibility of those upon whom depends the adoption and giving effect to measures fitted to produce this amelioration. No unnecessary delays ought to be permitted to take place in carrying out the proposed improvement in the construction of buildings, sewers, drains, &c.; the removal of nuisances from crowded localities; the prohibiting of burial in the midst of a town population; the formation of open squares, parks, and other places of resort for the public, by which ventilation and opportunities for healthful recreation may be combined. If it can be shown that the evils attendant upon the congregating of large bodies of people in towns, can by such means be materially lessened, to withhold these measures where practicable, or to throw any obstacles in the way of their employment, would be in the highest degree culpable.

It has been already observed, that the mortality of the year 1839 was less than that of the preceding year. The actual diminution amounts to two and a half per cent. in the two sexes taken conjointly, and is attributed partly to the comparative mildness of the winter season of 1839, and partly to the circumstance that the two great epidemics of small-pox and typhus, which had been fatally severe in 1838, were then on the decline. The number of persons registered as having died of small-pox during the year 1839, is 9,131, and of typhus 15,666; while in 1838 the number dying of the former disease was 16,268, of the latter 18,775. On the other hand it is stated that there was an increase in some other diseases belonging to the epidemic class—10,937 deaths from measles, and 10,325 from scarlet fever, being registered in 1839;

the deaths from these diseases in 1838 being 6,514 from the former, and 5,802 from the latter. It is worthy of notice that the increasing mortality from these causes, and the decline of the epidemics of small-pox and typhus, were indicated in a table published in the preceding Report, which we have before had occasion to refer to.

The mortality from diseases of the nervous system was higher in 1839 than in 1838; that from diseases of the respiratory organ, somewhat lower. Among these last, we find 659 deaths ascribed to quinsy, an increase of nearly fifty per cent. This augmentation in the inflammatory affections of the throat, it is thought, may probably have been connected with the epidemic of scarlatina. An inflamed state of the fauces, tonsils, and pharynx, would seem, however, to have prevailed very extensively at times for the last three years, without any reason to attribute the occurrence of this condition to connection with scarlet fever; and many of the cases have been of great severity. It may be observed that in diseases not usually fatal, such as the one to which these observations apply, any notable increase in the number of deaths indicates either a striking change of character, or a greatly extended prevalence.

A table is given of the diseases classified according to their pathological characters, an analysis of which, as it appears to us, might lead to results differing from those obtained under the system of classification, adopted as the basis of some of the conclusions in this and the preceding Reports, and probably at the same time throw light upon some questions which have as yet received but imperfect illustration. We cannot, however, here enter into these considerations, although we give insertion to the abstract of the table.

Causes of Death.	1838.			1839.		
	Males.	Females.	Total.	Total.	Males.	Females.
Inflammations . . . . .	20,003	16,796	36,799	36,562	19,724	16,838
Specific Inflammations . . . .	42,723	42,783	85,506	82,511	40,762	41,749
Terminations of Inflammation .	9,043	10,079	19,122	18,448	8,735	9,713
Hæmorrhages or Congestions . .	8,001	7,124	15,125	15,251	8,223	7,028
Carcinomatous Diseases . . . .	761	2,060	2,821	3,065	788	2,277
Scrofulous Diseases . . . . .	28,907	31,961	60,868	61,416	29,165	32,251
Morbid Secretions . . . . .	1,228	1,028	2,256	2,288	1,273	1,015
Depraved Nutrition . . . . .	1,366	1,146	2,512	2,704	1,452	1,252
Disorders of the Nervous System	24,528	20,245	44,773	47,462	26,210	21,252

It has been usual to draw statistical conclusions from cases occurring at public institutions; and, indeed, until the records which have been given to the public under the Registration Act, no other means of information of this description were in this country accessible. The following observations, while they point out the fallacies to which reasonings based upon records of hospital cases are liable, at the same time indicate the mode in which they may be made available for statistical purposes. "Separate abstracts have been

made of the causes of death in the London hospitals, namely, in the Charing Cross, St. George's, Middlesex, North London, Westminster, St. Bartholomew's, London, Guy's, St. Thomas's, Greenwich, the Dreadnought, the Fever Hospital, and the Small-Pox Hospital. The number of persons who died in those hospitals within the year, amounted to 2,491, of whom 1,729 were males, 762 females. Hospital cases have long been the principal basis of medical reasoning. While a comparison of the deaths in the hospitals,



with the total deaths in the metropolis, will show that such reasoning is open to numerous fallacies, it will tend to correct its results, and will furnish a link of connection between the two classes of facts. The Greenwich Hospital, perhaps, ought not to have been included in the abstract; it raises disproportionately the number of deaths and diseases of old men. If the deaths from small-pox and typhus in the Fever and Small-Pox Hospitals were subtracted from the deaths in hospitals, few cases would remain. Of 301 persons who died of erysipelas, 60 died in the hospitals. In many cases the erysipelas must have followed operations or accidents; and it will be observed that 390 of 1,212 deaths by violence were registered in these institutions. 7 of 20 deaths from aneurism, 31 of 73 from hernia, 7 of 15 from diabetes, 10 of 27 from stone, 41 of 123 from diseases of the joint, &c., 7 of 21 from fistula, 4 of 7 from purpura, 51 of 368 from carcinoma, took place in the hospitals." "Sick children remain at home under the care of their mothers; they would in general be refused admission at hospitals. The aged poor, with chronic maladies, go to the workhouses. Young persons without families, between the age of 15-30, often servants and immigrants from the country, resort in the greatest number to the hospitals, when 1 in 7 deaths at that age are registered."

The Report, in addition to the many valuable tables and observations upon the subjects above referred to, is distinguished by an elaborate investigation of the cases of suicide and death from violence, the consideration of which we must postpone to another opportunity.

### KING'S COLLEGE HOSPITAL.

#### CASE OF STONE.—LITHOTRITY AND LITHOTOMY.

[Clinical Observations by Mr. Fergusson.]

John White, aged 27, was admitted into King's College Hospital under Mr. Fergusson, on the 13th of October, 1840, suffering intensely under all the usual symptoms of stone in the bladder. The patient stated that he had experienced his present symptoms, in a more or less marked degree since infancy, but that he had not been aware of the actual nature of his complaint until about four months since, when he was sounded by a surgeon in town, who had subsequently attempted to cure him by crushing the stone. This proceeding had only been once resorted to, and it did not produce much pain or annoyance at the time. Soon after the operation, however, he had severe pain in the bladder, and became so feverish and unwell, that no subsequent attempt had been made to complete the operation, and he was now in a worse condition than he had ever been before, being unable to attend to his occupation, or even move about, without suffering excruciating pain. He was anxious for relief by any means, but his health was so much affected, that it was not thought advisable to perform lithotomy; and the exquisite tenderness of the mucous surface of the bladder, as was ascertained on several occasions with the sound, altogether precluded the idea of again attempting lithotritry whilst he was in his present condition.

Under the use of alkaline medicines, with rest, attention to the diet, and state of the bowels, the irritation in the urinary organs became less distressing, but

a degree of fever continued for ten days after his admission, which could not well be accounted for, when a swelling appeared on the right side of the neck, apparently in one of the lymphatic glands below the base of the jaw, which, on the 26th October, presenting distinct fluctuation, was opened so as to admit of the ready escape of several ounces of very fetid matter. At this period he was so much exhausted that he was unable to walk across the ward; indeed, he had scarcely strength to raise himself in bed. He now began to improve daily, and was so far restored on the 14th of November, as to induce Mr. Fergusson to comply with his urgent and repeated solicitations to be relieved from the stone by lithotomy. This operation was accordingly performed; and, within a minute of time, a mulberry stone, the size of a small walnut, with a fragment which had apparently been broken off in the attempt at lithotritry, were extracted at the same time, having been both grasped at once between the blades of the forceps. Nothing unusual occurred during the operation; the bleeding appeared inconsiderable, and the patient seemed to bear the shock in a better manner than might have been anticipated, for he had been so weak, that it was necessary to carry him to the operating table.

Two hours after, the house surgeon was desired to see him, in consequence of repeated discharges of clotted blood from the wound, which were forced out during violent attempts on the part of the patient to relieve himself from the feeling of over-distention of the bladder. Cold cloths were applied over the pubis and to the perineum, but with little benefit. In two hours more, Mr. Fergusson saw the patient, and being unable to discover any bleeding vessel, prescribed an enema of two ounces of starch, with forty drops of laudanum, which seemed to have the effect of allaying the incessant irritation at the neck of the bladder, and though, in the course of the evening, several large clots were evacuated, the hæmorrhage seemed to cease, and the patient enjoyed a good night's rest, such as he had not for several months.

In the subsequent history of the case, nothing remarkable occurred. After the excitement of the first few days had gone off, and the patient had recovered the effects of the loss of blood succeeding to the operation, he continued rapidly to improve in health and appearance. The urine flowed entirely by the wound for the first twelve days; part then came away by the natural passage, and on the 3rd of December the whole passed in this way. On the 23rd of the same month he was dismissed cured, the wound being quite closed, and his appearance so much changed for the better, that it was difficult to recognise in him the weak, emaciated, and hectic object who had, two months before, entered the house, the hapless victim of this frightful disease.

In his subsequent observations, Mr. Fergusson stated that this case resembled, in many points, several that had occurred to him in his own practice, and such as he believed was but too familiar in the modern history of stone in the bladder. The indiscriminate application of lithotritry, he deemed the fertile source of additional misery to those already afflicted with this disease, and though he had ever been the advocate of this operation, he had always recommended his pupils to receive with caution those extraordinary accounts of its success, which from time to time were brought forward in such a manner as to deceive the unwary, and which, unfortunately, the practical surgeons of the day (more particularly those of this country) had not been at much pains to set in their proper light, to serve as guides for those who looked to them for their practical education. He considered lithotritry as an admirable improvement in modern surgery, and in many cases decidedly to be preferred to lithotomy; but there were some where it was evidently inapplicable, and many wherein its advantages were very questionable. Those who looked merely to the sta-



tistics of the success of this operation as compared with lithotomy, even allowing the success to have been as great as had been asserted (assertions in which he altogether disbelieved), reasoned from data which the practical surgeon, equally anxious for the honour and advancement of his profession as for his own individual interest, very quickly perceived to be totally at variance with the humane practice of his professional art. The exquisite sufferings of many of those who had been reported among the "cured" from lithotritry, were such as to appal, and even excite the commiseration of the most callous of surgeons; and though he admitted that the converse occurred in numerous examples in which this operation was judiciously resorted to, he feared that such cases as that now before the pupils, had not been sufficiently 'rought under the notice of the profession and the public. Here was an instance where lithotritry had been practised, and the only marked effect had been the increased suffering of the patient; the stone had probably been broken, but no fragments had been observed to pass; there was no diminution to the source of irritation; in all likelihood it was increased. So far as he knew, the operation had been skillfully performed, and from all he could make out, the case was one which might have been pronounced as in all respects favourable for the operation resorted to. Yet they had seen the result. After one attempt to crush the stone, the patient had been brought to the verge of the grave, and he could not, after such experience, and after what he had seen in other instances of a like nature, persist in further attempts at a cure in this way. He doubted not but that he might have caught the stone and crushed it, and that he might ultimately have cleared the bladder of every fragment of stone, so as to have given the case among the lists of "cured," but the proceedings would have been attended with the most imminent danger, and an amount of suffering even much beyond that which had already been experienced. During the month the patient was in the house, previous to undergoing lithotomy, the pupils had had frequent opportunities of observing that he had not suddenly made up his mind that lithotomy was the only method of cure which he should pursue in this case; they had seen him again and again pass the sound into the bladder, and with all the delicacy of touch which he could apply, they had heard the exclamations of pain which each little movement of the instrument in the bladder had drawn forth. Under circumstances equally disadvantageous he had succeeded in the cure, in other examples, after persisting, at the patient's solicitations, in the use of the lithotrite; but as, in this instance, the patient was now more willing to submit to lithotomy, than to a repetition of what had already cost him so dear, he had no hesitation in resorting to the cutting operation, having the full conviction that the danger to life would not be greater, whilst the sufferings both during and after its performance would be incomparably less. They had now an opportunity of judging between the two proceedings in this individual case, and though he would caution them against drawing rapid conclusions from single examples, he deemed this one as of much value to him in his capacity of their teacher, to enable him to illustrate some of the principles which he had endeavoured to inculcate regarding lithotritry and lithotomy ever since his personal experience in these operations had, in his own estimation, entitled his opinion to be of any value. They had seen in this case a result of lithotritry, which was too little known amongst those who estimated the value of the operation by the success with which the stone was drilled or crushed. It was impossible to acquire much knowledge of the effects of the operation, without following the case from the operating table to the bed room, where there would be no lack of evidence that the greatest pain and actual danger only began after the operation was supposed to have been

completed. He had broken a stone in the bladder into numerous fragments at a single "sitting," whilst the patient made little more ado than when undergoing the process of sounding; yet, in such a case, he had seen results similar to those which had followed here. It was certainly a favourable indication for the perfect success of lithotritry, when the patient bore the first operation well; but even under such circumstances, the danger of shock, fever, inflammation of the bladder, muco-purulent discharges, and many other ill consequences of the operation, were not of unfrequent occurrence, and in cases, too, where the surgeon supposed he had inflicted the smallest possible amount of injury in making use of his instruments. He did not wish to dissuade his pupils from performing this operation; on the contrary, he would always recommend it in favourable cases; but unless such as the present were noticed, the profession and the public could never form a proper estimation of the real advantages of the operation, as it was generally too much the custom to refer to its successful results, than to those of an opposite character.

In contrasting lithotritry and lithotomy in this particular case, the advantages of the latter would be apparent to all. Setting aside the risk to life attendant on this operation, against which no surgeon could insure a patient's safety, it was apparent that all suffering from the disease had ceased as soon as the stone had been removed from the bladder. The patient was more free from pain the first night after the operation than he had been for months, and within a few weeks he was stronger in health than he had ever been at any previous period of his life. But he would not dwell on the contrast, when the circumstances were so well marked and open to every impartial observer. There were two points, however, which he deemed it proper to draw their attention to:—First, the exhausted condition of the patient when subjected to lithotomy; and next, the profuse hemorrhage which happened in an unusual manner some hours after the operation.

It was not usual to see an adult carried to the table when about to undergo this operation; but he was of opinion, from his own experience, that so far from such an exhausted state as this patient was in before the operation, precluding its performance, it ought to be considered as more favourable than otherwise, provided the exhaustion arose from no other cause than the stone in the bladder, or, in other terms, that their was no organic disease in this organ, or in other parts of the body, to account for the patient's condition. He could not advocate the plan of delaying lithotomy until a patient arrived at this miserable plight; yet, on the other hand, it seemed to him a wretched doctrine to prolong the patient's misery, on the plea that he was too weak to bear an operation. The pupils had seen how cautious he had been in interfering with this patient, notwithstanding his oft repeated wishes, until all fever had left, saving perhaps the hectic, which resulted from the presence of the stone; and they had seen how well he had borne the operation, and how rapidly he had recovered.

The bleeding he thought unusual, as it had been altogether internal, having occurred either in the bladder itself, or from some vessel so near to this viscus, that the blood passed more readily into its cavity than through the external parts of the wound. In hæmorrhage, after lithotomy, the blood almost invariably passed at once through the wound in the perineum; here, however, it had only been forced out in large clots, by the united action of the muscles of the abdomen and the contractions of the bladder itself. He felt difficulty in saying from what source the blood had come, but he was inclined to believe that no large vessel had been divided, and that it was the result of a general oozing from the mucous surface of the bladder, occasioned by the injury inflicted on that membrane during the operation. Such a



result was by no means common after lithotomy ; but this it must be remembered was not a common case, and he believed, that after lithotripsy, the interior of the bladder was often brought into a softened and vascular condition, as was in all probability the case here. From whatever source it had come, it was certainly so copious, as to cause him much anxiety, occurring, as it did, in one already so weakened by disease ; fortunately it had ceased, however, in good time, and it might be cited by those who are advocates for free depletion with the lancet after such operations, as an excellent example of the success following the loss of blood.

## ST. GEORGE'S HOSPITAL.

### PAINTER'S COLIC.

Robert Feathers, a painter by trade, was admitted Nov. 14th, under the care of Dr. Wilson. He has severe and violent pain in the abdomen, accompanied by a drawing up of the navel, with occasional nausea, but no positive vomiting. These symptoms have lasted for a week. His bowels have not been opened since the commencement of the attack, until within the last two days. He never had an attack similar to this one before. For a month previous to the present symptoms coming on, he had been working with paint, composed of turpentine and white-lead. The pain he suffers in the umbilical region is only relieved by pressure. The recti muscles are strongly contracted, tense, and firm. He has had no sleep for a week. He had a blister applied over the abdomen a fortnight since, without deriving any benefit whatever from it. Eight ounces of blood were ordered to be drawn from the epigastric region by cupping ; and one drop of croton oil to be taken on sugar directly, and repeated in four hours if the bowels were not previously opened. Two hours after the croton oil he was to take one ounce of castor oil.

Nov. 15. He had much pain in the abdomen yesterday evening, for the relief of which a linseed meal poultice was applied over the whole surface of this region. The bowels have been twice most freely opened, and he therefore did not take the second dose of croton oil ; at present he is much easier.

Sulphate of magnesia, two drachms ;

Compound infusion of roses, pimento draught, of each six drachms. To be taken twice daily.

Half an ounce of castor oil early to-morrow morning.

16. He had some return of the pain last night, but which has now entirely left him ; he does not feel sick ; bowels only open once since yesterday. He says that he is much better than when he came in. He went on slowly improving during the next week, at the end of which time he left the hospital.

### AMENORRHOEA—SEVERE ILIAC PAIN.

Elizabeth Osborne, a married woman, under the care of Dr. Wilson. She states that about four months since, which was three months after her confinement, she caught a severe cold from travelling all night. Up to that time the mammary secretion had been free, full, and copious ; but immediately afterwards it became suppressed, and has remained so ever since. From the period of this night journey, she has also had constant pain in the right iliac region, accompanied by occasional "bearing down" pains when moving about. She has also brought up blood as often as two or three times a day within the last month, but whether by coughing or vomiting cannot be correctly ascertained. She is subject to palpitation of the heart when going up stairs ; and if she stands much, her legs and feet swell. She has occasionally an eruption on the skin, which lasts for a few

hours, and then dies away again. The bowels are not opened without medicine.

She was ordered to take half an ounce of castor oil early in the morning.

13. Bowels have not been relieved ; she has brought up some blood this morning, and has severe pain in the head ; there is still severe pain upon pressing over the iliac region, and shooting through to the loins. To be bled to ten ounces, and to take a saline aperient draught three times daily.

15. The blood exhibited a large loose coagulum, and there is still some pain felt on pressing over the uterine region ; she sleeps but little. Dr. Lee was requested to make an examination per vaginum.

17. No uterine disease was discovered, nor any signs of pregnancy ; the uterine pain still continues, and to day there is some tenderness felt on making pressure over the lumbar vertebrae ; violent headache ; abdomen smaller in size ; bowels open. The medicines were ordered to be continued ; ten leeches to be applied to the painful parts, and half a grain of hydrochlorate of morphia to be taken every night at bed-time.

18. No improvement in any of the symptoms ; there is still much pain in the back and right iliac region, and she has occasional rigors ; much "bearing down" when she stands up ; severe headache, and giddiness. She felt some relief for two or three hours after the leeches were applied ; she loses her sight at times.

20. She had a warm hip bath last night, from which she derived some relief, but her sleep was disturbed by frequent rigors ; she still has some severe headache, and she has vomited up some blood this morning. Her spirits are very much depressed, and her countenance is sad and anxious, indicative of much suffering ; pulse very weak. Medicines to be continued.

21. She has passed a very restless night ; the abdomen is soft, and the pain in the iliac region continues almost with the same severity ; there is occasional twitching and starting of the right leg ; she lies on her left side ; the urine is free. To be cupped over the loins to eight ounces. The medicines to be continued, and the warm hip bath to be used twice daily.

22. She has derived some slight benefit from the baths, but there is still severe throbbing pain in the side. Headache very troublesome ; tongue white ; pulse weak.

24. The catamenia appeared in scanty quantity last night, but without affording her any relief. She does not sleep at night, but dozes much in the day ; to day there is less anxiety, but frequent flushes of the countenance. The medicines to be continued in the day, but the morphia pill to be discontinued. The following draught was ordered instead :—

Tincture of opium, twenty-five minims ;

Saline draught, one ounce and a half. To be taken at bed-time.

26. She is not so well to day ; she did not sleep all last night owing to the severe darting pains in her side, alternating with cold shivering fits ; her countenance is very anxious. Medicines to be continued, and warm poultices to be applied over the whole abdomen.

29. The warm poultices relieved the abdominal pain, and the side is free from suffering ; the cold chills continue, and there is pain on pressure over the umbilical region ; pulse 80, small and weak ; tongue pale.

31. Feels better to day, and is able to sit up in bed ; there is still much pain in the right side remaining. She feels very sick whenever she sits up ; there is shaking and numbness in the right arm, and a constant bearing down over the uterine region whenever she stands up ; tongue clean ; bowels open ; pulse stronger ; much thirst.

Jan. 2. She had several rigors last night, and to

day she has severe pain over the top of the head; the right side is very "sore;" her spirits are low, and she sighs very often; pulse natural; tongue clean. Cold evaporating lotion to be applied to the head.

3. She complains of pains, extending all over her, accompanied by a tingling sensation. She was very sick this morning, since which time she has had a return of the pain in the umbilical region; the catamenia have been present for the last three days; bowels open; tongue pale; pulse 80, and weak.

4. She has a severe sense of weight and pain in the head, and the iliac region still continues sore; there are occasional pains shooting down each arm, but these are trifling, and most probably sympathetic. She was sick this morning, and brought up much clear water from her stomach, but no blood.

Sulphate of magnesia, two scruples;

Saline effervescing draught, one ounce and a half. To be taken three times daily.

Calomel, four grains, at bed-time; and a senna draught early to-morrow morning.

7. General symptoms much the same as on the 4th; the pain in the iliac region is somewhat more acute, and shoots through to the sacrum; she was very sick this morning, and brought up a clear yellow fluid; urine high-coloured; tongue white; bowels open; pulse weak.

9. She was awoke this morning by severe sickness, and brought up some blood from her stomach, since which she has felt much better; her appetite is good, and the iliac pain is not so severe as yesterday; bowels open; pulse 100, and stronger.

11. Much better in every respect; the pain in the right ilium has nearly left her.

12. Going on improving.

13. Discharged cured.

#### PNEUMONIA.

John Kelly, a labourer, aged 21, states that he has been brought up to work at a sewer, where he has been repeatedly wetted through. On the 9th December, he felt the approach of the present attack, by the coming on of severe pain in the head and limbs, accompanied by a stitch in the side, which was much aggravated by his making a deep inspiration; and these symptoms have been increasing ever since. About a twelvemonth since, he was in the Westminster Hospital for precisely the same symptoms. He lost twelve ounces of blood from the arm a few days since, but the pain in the side still remains very severe. He has also a hard cough, and reports that he has spit up some blood this morning, and has had an attack of epistaxis. He has severe headache, and the lips are covered with aphthæ. Eyes very much suffused; pulse 120, weak; tongue white; bowels open. To have a blister on the left side, and to be bled this evening to eight ounces. Half a drachm of solution of tartarised antimony, to be taken in a saline draught every six hours.

13. Breathing easier, and he can inspire with more freedom, but there is still some pain in the side remaining; copious mucous expectoration; no sleep last night; perspires very freely; pulse 95, soft.

Tartarised antimony, a grain and a half;

Distilled water, six ounces; two tablespoonfuls to be taken every four hours.

14. Has a sense of weight and pain over the sternum, but he can draw a deep inspiration without feeling pain; expectoration mucous and copious; skin hot; urine scanty; eyes suffused; pulse 120, quick. The medicines to be continued, and to be bled again to eight ounces.

15. There is still some pain in the chest, and the blood drawn presented a deep buffy surface; eyes clearer; skin moist; can inspire more freely; feels very hungry.

18. Has been improving daily since the last report; the pain in the side is quite gone, but there is still some cough, with mucous expectoration.

From this date until the 31st he continued gradually to improve, when he left the hospital "cured."

#### PAINFUL AFFECTION OF THE NERVES OF THE STOMACH.

Martha Jones, aged 53, was admitted under the care of Dr. Wilson. She states, that for the last twelve months she has been subject to severe pains of the abdomen, shooting up towards the sternum, and accompanied by a feeling of intense heat over the epigastric region. These pains come on in paroxysms of extreme severity after she has taken any food, and the abdomen is enormously distended with wind. Owing to this distress after eating, she has been unable to take any solid food for some time past. At times she brings up large quantities of clear water from the stomach, and at all times she has a constant sense of nausea; there is severe pain felt on pressing over the left lobe of the liver, and a very bad taste is constantly felt in the mouth; the catamenia have been absent for three months; the bowels are never relieved without the aid of medicine; pulse 76, and full; urine yellow and scanty; tongue white, and she has no sleep at night; she has been leeches several times without deriving any benefit from it. Seven grains of mercurial pill to be taken every night at bed-time.

Diluted hydrocyanic acid, seven minims;

Compound infusion of orange peel and pimento water, of each six drachms. To be taken twice daily.

Dec. 13. Much the same. Solution of potassa, ten minims in pimento water, three times daily; nitrate of silver, a grain and a half in a pill, to be taken every night and morning; a senna draught to be taken when necessary.

15. There is much less pain in the epigastrium; the bowels are open; urine scanty.

17. Pain in the epigastrium very severe, and extending along the spine, with great sense of heat and burning; severe rigors, and copious ejection of water from the stomach; had an attack of bleeding from the nose this morning; bowels open. The pill to be omitted, and the draught to be taken twice daily.

Compound powder of chalk with opium, one scruple.

To be taken every night at bed-time.

18. She feels easier to-day; slept better last night; less fluttering at the chest, and less pain after eating; she cannot lie on either side; and there is still much sickness and heartburn.

20. Feels much better, and was, in consequence, allowed to leave the hospital at her own desire.

#### WAYS AND MEANS OF GENERAL PRACTITIONERS.

##### No. III.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—The principle being once established by law, that apothecaries (whether apothecaries, surgeon-apothecaries, or physician-apothecaries), shall be paid for their professional services, as such, and independent of medicines supplied, and the price of medicines under the same authority being reduced to a rate proportioned to their actual value, it does not by any means follow that the table of fees appointed by law, shall in every instance be the exact rate of remuneration. It may be very much otherwise, unless the demand become the subject of litigation,—in which case, doubtless, a court of justice would give a verdict according to the letter of the law. But we do not calculate upon being always



obliged to sue for the recovery of our demands, however necessary it may be to have the power to do so under circumstances of necessity; and if driven to this necessity, the amount of fees fixed by Act of Parliament should be such as to satisfy a just and reasonable demand. Hence, in determining a scale of fees to meet every contingency, it is desirable to avoid either extreme, but "inter utrumque;" by this rule have I been guided in my estimate of the value of professional services, so that if any of my readers may have thought my table of fees wide of the mark, they will now the more justly appreciate its merits.

In seeking to establish a system entirely new, however excellent and desirable, it would be out of the common order of things if no difficulties should arise, no obstacle present itself to its accomplishment. The public mind is ever suspicious and unwilling to concede to the caprice of visionary experimenters; and as this more or less applies to every innovation, however deeply the conviction of its utility in the mind of the projector, it often falls to his lot to meet with repulse, rather than encouragement. The merits of the cause I advocate are, however, of a quality to command attention and respect alike from friends or enemies. It is the cause of even-handed justice, equally interesting and important to all parties; and to such as may have misgivings as to the consequences of the projected change, I would say in the language of the immortal bard—

"Be just and fear not;

Let all the ends thou aim'st at be thy country's."

But it is not to the medical profession only, that the reform I advocate offers advantages superior to the present system. The public will be found quite as much interested and benefitted in the change. The advantages to the public derivable from the reduction in the price of medicines, cannot fail to be extreme; while the medical practitioner will be equally benefitted by a direct and sufficient remuneration, independent of this sale. To restore the trade in medicines to a healthy condition would be a great boon to the public; but to establish the separate value of the art of medicine in public estimation, would be to both an object of infinite more importance, since it places the practitioner in a position to exercise all the energies of his mind for the patient's benefit, unfettered by any considerations of trade. This is, in fact, but to establish him in his natural position—a position consistent with the nice feelings of honour and integrity, which his entire education has tended to establish in his breast, and which the exercise of his art so particularly requires; while under the present system he finds himself surrounded by circumstances for ever inimical thereto. Hence, the moral necessity of a change displays itself so forcibly, as scarcely to require any other argument to establish it beyond dispute.

The table of fees contained in my last letter was admitted to be imperfect; it was, in fact, intended but as a pilot-boat to determine the depth of the waters—or as a beacon to invite attention to elicit from the experience of others, counsel and assistance—or as the standard of hope around which kindred spirits might assemble their moral strength, with a view to the accomplishment of a great and important undertaking—or, as the stone as yet unhewn, destined to be the first in the foundation of that superstructure which shall manifest to the world the proper character and position of the medical profession. But I promised, in my last letter, to illustrate its mode of operation, and to exemplify its superior advantages over the present system. Before I enter upon this part of the subject, however, it appears desirable that I should make a few observations on the trade of the apothecary, as I propose to re-establish it under the authority of law. I call it the trade of the apothecary, because it is the proper title,

and gives to the occupation a decided character, separate and distinct from the art and science of medicine, with which, in reality, it has little or nothing to do. That many practitioners would find it expedient to discontinue the supply of medicines, with power to recover for professional attendance, especially in large towns, is exceedingly probable; but such practice in small country towns would be unadvisable, from the want of confidence in the quality of drugs met with in the druggists' shops, and from the more limited field of practice, which may well admit of any additional source of revenue, though the addition may not be anything very considerable.

The sale of medicines, though their price be reduced to the druggist's standard, will yet be a very profitable trade, if the profits should not exceed 200 per cent.—and the druggists, I apprehend, never sell to less advantage—that would be more than sufficient to induce the apothecary to keep a stock of drugs, and a competent person to supply them; not only to his own patients, but to the public, if the tide of favour should flow back into his hands, that is now conferred upon his rival. It is not my wish or intention, however, to convert the apothecary into a druggist, though it is exceedingly probable that his patients would cease to send their prescriptions to the druggist, when his charges were the same. The public *must* have medicines, and will have them at a reasonable price; and if the public prefer the druggist to the apothecary, it is because they regard him as the more *honest* man. But I treated of this subject in my first letter, and need not repeat what was there stated; what I wish now particularly to impress upon the attention of my readers is, that an important part of the apothecary's business consists in the preparation and sale of medicines, and that it will not be less an obligation he owes to the public to continue this vocation under the change I advocate, than advantageous to himself. But to return to the advantages of a fixed rate of remuneration established by law.

I will take the items as I have placed them in my table; and, first of all, the mileage, which I have set down at 1s. 6d. per mile. Let me ask, how would this affect the working of that most obnoxious of all enactments of the legislature to the medical profession, the new poor-law? 1s. 6d. per mile, and 1s. for every visit, and it cannot be computed at less, would, at one fell swoop, annihilate the tyranny that has placed such immense districts under the care of one person, and would increase the number of practitioners engaged in this business to the greatest possible degree. It would then be the interest of the boards of guardians to employ the medical man who is nearest to the patients, and it would also prove an inducement to select the most respectable and best qualified persons; and would thus prove a blessing to the poor, in proportion as it would be gratifying to the profession, and to society at large. But, methinks, I hear some one dubiously enquire, "Will the legislature grant such a scale of charges?" To this I would respond—Can the *time* and *skill* of a qualified practitioner in medicine and surgery be valued at less? Let the legislature take into consideration the cost and mental labour of a professional education, and the practical necessity and value of our art to our suffering fellow-creatures—let our station in society, the expense of our establishments, and the value of experience in our art be duly considered, and is not 1s. the least possible sum at which our services may be claimed, even for the benefit of the poor? It may be again objected, that this would be ruinous to the public; but what right have the public to require from the medical profession their valuable services, more than flour from the miller, or meat from the butcher, at less than their value?

That such enactment would seriously affect the working of the poor-law, to the great benefit of the poor, the honour of society, and benefit to the profession, I think is exceedingly probable. But I am

not so well enabled to judge of the advantages it might afford to the practitioner never having been engaged in pauper practice. I am, consequently, not provided with data to enable me to form a just comparison of the advantages derivable to the profession from this mode of payment; but whatever the advantage may be, it is no more than the profession is entitled to, in justice to all parties. The sum of 1s. for each attendance, would allow sufficient time for the consideration of the case, and in the aggregate bring home something very near to the average value of time, such as would enable the practitioner himself to visit the patient without serious loss, or provide the assistance of a *qualified* person. And here I may be allowed to remark, it is very much to be regretted, so many unqualified persons should be engaged throughout the country in attendance upon the poor. Young men who have merely served an apprenticeship (a country apprenticeship) are too frequently the ordinary attendants upon the poor; this is a point of such importance, that any Act of Parliament intended to correct the abuses of the profession, should certainly provide against. The qualification of these persons is so nearly allied to the chemists and druggists, that the same Act of Parliament that shall restrain them from the practice of medicine and surgery, which the public welfare demands, may very properly make it imperative upon all persons who enter the profession, to certify beforehand their ability to complete their qualification. It is exceedingly probable, if the profession were paid for attendance upon paupers after the rate of one shilling per visit, that infirmaries would become as numerous as union workhouses. Economy in expense would force this provision for the sick poor, where all cases of disease, admitting of removal, might be concentrated with advantage. An infirmary appears so necessary a part of the union workhouse establishment, that it is very surprising it has not already been generally adopted, if from no other consideration than the hope of their sharing the same privilege as other such institutions—that of getting medical and surgical attendance for nothing.

The next item in my table of fees embraces the most numerous class of her Majesty's subjects—viz., the independent labouring man, who is not a pauper. This is unfortunately a class of persons from whom the medical profession derive exceedingly small advantage.

"Ex nihilo nihil fit."

In my own practice, the income derivable from this class amounts really to nothing; a few there are indeed whose industrious habits and general good conduct enable to defray the very reasonable charges for medicines, but any advantage hence arising is more than neutralised by the greater numbers who avail themselves of our time and medicines without so much as an intention to make restitution. It would therefore signify but little if this class had no place assigned to them, were it not for their numbers, which gives them importance in the mass, that does not belong to them individually, their independence entitled them to rank above the pauper; and I have awarded to them an additional sum of 6d. each attendance; a rate of payment, could payment be obtained, that would in the aggregate, pay sufficiently; at any rate, the profession is as likely to get remunerated by this class of persons, under the system proposed, as under any other system.

We come now to the consideration of a part of the subject by far more interesting and important—the rate of remuneration from persons whose means are equal to the supply of whatever is essential to their wants. I have set down in my table, for every attendance in the family of a small tradesman, 2s. 6d.; for ditto ditto, in ditto, a grade higher, 3s. 6d.; for ditto ditto in a gentleman's family within three miles of home, 5s. The observations I may have to make in respect to these items will apply very much the same to all, I

shall discuss their merits in the gross. The average amount of time consumed in a professional visit may be computed at not less than twenty minutes, nor exceeding the half hour. Twenty minutes, taking convalescent cases into the amount, may be fairly computed as the time of an ordinary attendance; if any surgical operation be required, such as bleeding, cupping, dressing a wound, or the like, an additional charge for such is of course intended, and should be provided for; and if the attendance exceed the half hour, the practitioner becomes entitled to an extraordinary fee, so as in every instance to preserve the average of 7s. 6d. per hour at the least. And now let us take a few examples, with a view to display the advantages of the system over the present order of things.

I will take the instance of a small tradesman: he shall be the proprietor of a huxter-shop in a country town, dealing in all sorts of things—grocery, tobacco and snuff, candles, soap, bacon, &c. &c.; the proprietor himself being dangerously ill, labouring under an acute disease, requiring attendance twice or three times a day; the illness is of nine days' continuance; my ledger shows the amount of my account for medicines to be £2 17s., including two bleedings, 5s., and twenty leeches, 10s., which being deducted, brings the amount for medicines to £2 2s. Thus much for the old system; now for the new:—

Twenty visits at 2s. 6d. . . . .	£2 10 0
Two bleedings . . . . .	0 5 0
Twenty leeches, <i>cost</i> , . . . . .	0 6 8
One-third the amount charged for medicines . . . . .	0 14 0
	£3 15 8

I challenge my colleagues to make similar calculations upon any or every account in their books, and fearlessly await their reply. I take this example because it is a short account, and in every way calculated to make the advantages of the system most conspicuous and convincing. One example is as good as a hundred; but I will take another in the next grade of society, the 3s. 6d. attendance. The family being that of a merchant engaged in trade; the case is one of typhus fever, and includes 100 visits; the amount of the account for medicines being £18, which was paid by a cheque for £20; let us see what it would come to under my system:—

One hundred attendances, at 3s. 6d. each . . . . .	£17 10 0
One-third the amount charged for medicines . . . . .	6 0 0
	£23 10 0

This for home practice. I will now give an example of country practice, in illustration of the charge in the next gradation. I take the account indiscriminately from my ledger, the family residing seven miles from home. The amount of the account delivered being £52, including forty-seven journeys. These forty-seven journeys, charged according to my scale of 1s. 6d. per mile, at 10s. 6d. each, would amount to:—

Forty-seven attendances, at 10s. . . . .	23 10 0
One-third of £34 7s. 6d. charged in the account for medicines . . . . .	11 9 2
	£59 11 8

The uniform advantage to the practitioner is very striking, and might lead to the conviction that the amount of fees was fixed too high; such, however, is not the correct inference, as I will hereafter exemplify. In my present letter, I engaged to make manifest the superior advantages of an uniform charge for attendance, and a reduced charge for medicines, and I trust it will be admitted that I have fulfilled my engagement. I am, Gentlemen,

A MEMBER OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION, &c.



## MALAPRAXIS.

## VERDICT OF MANSLAUGHTER AGAINST A MEDICAL ASSISTANT.

*Copy of Evidence taken at the Inquest touching the Death of Sarah Shaw, Valley Mill, Matley, before Charles Hudson, Esq., Coroner, Friday, 24th, Monday, 27th, and Tuesday, 28th December, 1841.*

(FROM A CORRESPONDENT.)

William Derbyshire, sworn: Is assistant to Mr. Walton, surgeon to the Stalybridge Board of Health; the deceased was a subscriber; entitled to attendance; gave notice of confinement some weeks ago, and paid her shilling; told Mr. Walton when she would be confined; Walton promised to attend her. On Friday, 17th December, information came to the board that she was in labour; Mr. Walton and Mr. Roby being out, I went to attend her; when I arrived I found she was not in labour, but waited a little and then went back; told her if worse to let them know; her husband came on Sunday morning to say she was worse, having been so all night; Mr. Walton and Mr. Roby were both in; I went and found she was in labour; I waited till she was delivered of a female child; I left her doing pretty well a little before one; her husband came about three to say she was worse; between eight and nine, I and Mr. Roby went again, and found her dead; I found the house on Friday in a state of destitution; being sickly, I advised her to take a little tea; they had no tea, except a little hyssop tea she had been drinking all night, nor had they any kind of meat; a neighbour woman came in and gave her a crust of bread, and a shilling to buy something with; I gave her money to buy tea; she several times expressed her fear she would not get up well; on the Sunday had a little gruel and some tea; cannot say by whom provided; she was very weak and low when I first saw her from want of food; I then thought she could not get over it; a very hard and tedious labour; the presentation was natural; the cause of death, I consider, being from want of proper support, which caused exhaustion; had she been relieved when application was made, she might have recovered.

Hugh Shaw, cotton-spinner, Valley Mill, Matley, saith: Has been out of work; in work about five weeks ago; worked for B. Bradbury and Co.; had constant employment till mill stopped; had spun four and a half days since for Robert Platt; received 12s. last Tuesday night; this is since my wife died; when mill stopped had 17s. to receive for self and wife and two children to live on; my oldest girl is nine years old, the other seven years; had been working a short time, about three weeks; was not well off before; lived in Matley about ten to twelve weeks; came from Stalybridge; made no application to Matley overseers; made application to my own parish-officer on the 9th December; to Samuel Clayton; told him I was in need of relief; had neither coal nor food in the house; told him who I was, also of my father; Clayton said I was to attend vestry meeting next Thursday; would not give me anything till next Thursday, and perhaps not then; took my wife with me, and showed him her situation; he said he was not allowed to give relief without the sanction of the vestry meetings held every fourteen days; my wife employed George Ridgway to attend the vestry; she had got through her previous confinements well.

George Ridgway sworn: Is an engineer at Valley Mill, Matley; Mrs. Shaw sent me on Thursday night week to the vestry at the Royal Oak, Mill Brook; I told Clayton, and another man I don't know, that Sarah Shaw had sent me to state how they were; they had neither meat, coals, nor fire; that it was needful they should have something; Clayton told me he should neither go up nor relieve them; the other man asked if they belonged to the parish; Clayton said

that was to prove; told me to go about my business; did not tell me to apply to Matley.

Samuel Clayton sworn: Is assistant overseer of Staley; Hugh Shaw made application this day fortnight for relief; told me the state of his case; his wife was with him; she seemed near her confinement; told me of having one child; asked him the usual questions; he said his father belonged to Staley; knew his father, and that he had had relief from the board; I said you might not belong to us for all that; had no settlement himself; I told him I could not relieve him; vestry must be acquainted with his settlement first; never told him to apply to the overseer of Matley.

John Hadfield sworn: Assistant overseer of Matley; was told of the case on Friday last; on the Sunday gave them 2s. 6d.

*Adjourned Inquest, Monday, 27th December.*

Daniel Barker, surgeon, Stalybridge, sworn: Made a post-mortem examination on the body of Sarah Shaw, on Friday night, 24th December; no marks externally, no putrefaction, but had a fine muscular appearance, and was well furnished with adipose matter; I present a report of the examination; the appearances therein stated are correct; the deceased appeared to have given birth to a child, and appeared to be exhausted by loss of blood; do not think she had suffered from the want of food; if she had, the body would not have presented so firm an appearance; marks of putrefaction would have been visible; they generally soon appear when persons die from want, and there is seldom found any feculent matter in the large intestines; the deceased had died from flooding, caused by the placenta being left in womb partly detached; the placenta being left there is the cause of death; with proper care the placenta could not have been left there; the placenta usually comes away in thirty minutes after birth; a medical man ought not to leave the room until the placenta is removed; if any part was detached, flooding would commence, but that might not be excessive, the medical man in such cases ought to detach it; due care has not been used in this case, but gross neglect; scarcely a fifth part of the placenta is torn away.

Bridget Castle, sworn: Lives at Valley Mill; Sarah Shaw sent for me about four o'clock on Friday afternoon; found Derbyshire there; she was very ill; left before five; left him there; went on Sunday morning at seven; the doctor was there; he laid his hand on her; she said she was very ill; he said it was not labour, but illness all over her body; remained till she was delivered at eleven o'clock; doctor assisted her, and brought the child; brought nothing away but the child; he let the child lie a quarter of an hour; the child did not appear to breathe for a good while; he said child would come round sooner if the navel string bled; he cut the string and tied it up; the child recovered; a girl; he let her lie still for an hour; during that hour he offered to help her many times; she shrieked out, telling him to have patience and let her wait; he then said the after birth was fast, and he must take means to get it; *he then pulled it* (but did not introduce his hand) *by bits*; was a quarter of an hour about it; there was no discharge of blood except what came in lumps; he made no remarks; went at half-past twelve; he said we must undress her at four, and get her to bed and keep her warm; during the time he was in the house, was reading a book he brought with him; he was quite sober; gave her a powder three times; in about half an hour after he was gone she began to flood very ill, we assisted her with cloths, warmed a brick and put it to her feet; the husband went for the doctor about three; we told him to go; he came back about four with a bottle, a spoonful of which to be taken every hour; she still continued flooding; I gave her a spoonful; we were to get a pennyworth of vinegar and cold water, to

apply it with cloths to her belly; we did so; she continued to get worse, and died about seven; she had not begun to flood much before doctor left.

Ann Thompson, sworn: Lives at Valley Mill; went at six, a.m., on Sunday, 19th December; Derbyshire was there; was there when delivered; after he cut the navel string he sat a long time; the afterbirth came away in from a hour to an hour and a half; she seemed in great pain; he seemed to be using means to get it away; it did not come all at once, but in handfuls; I did not examine it; I would not have him to attend me.

*Adjourned Inquest, Tuesday, 28th December.*

Daniel Barker, re-called: Should think the birth of the child not difficult, it is an easy matter to say whether all the afterbirth is all come away; it does sometimes happen a small portion remains in the womb.

Hugh Shaw, re-called: Entered a member of the Board of Health, Stalybridge, on July 4, 1841; the card produced is mine; my family were all members; went on the Friday for assistance, again on the Sunday morning at six o'clock; I rang the bell; Derbyshire got up to the window; came down stairs; I went with him home; then left the house; did not go till Derbyshire had left; on the Sunday, at three o'clock, requested him to come up.

Ellen Ridgway, sworn: Lives at Valley Mill; was the first there; about five o'clock; Sarah Shaw was very ill; Hugh Shaw called me up when he was going for the doctor; I went in; she said she was very ill; Derbyshire came in about three quarters of an hour; he examined her; about eleven the child was born; he at that time assisted her; after it was born he let it lie a considerable time before he cut the navel string; I saw him cut it; he then tied it up; was then absent about three quarters of an hour; but was present when the afterbirth was brought; it was in lumps; found many in the bed.

James Walton sworn: Is surgeon to the Board of Health, Stalybridge; signed the certificate produced; rules of the board produced; I engaged Derbyshire, as compounder and occasional visitor, on the 1st December; he has attended six previous midwifery cases while with me; I took him at the recommendation of Mr. Hunt, surgeon, Ashton; any person competent to attend a midwifery case should know when the afterbirth is come away; we do not consider a woman safe till the placenta is come away; if any part became detached from the womb, the vessels would become ruptured, and flooding would commence; there does not appear to be anything particularly difficult in this case; any surgeon who did not gently remove the placenta when there is adhesion to the uterus, would be guilty of gross neglect; one of the previous midwifery cases was somewhat similar; he then sent for me; I removed the placenta; I told him to send for me when he again found this the case; I saw Derbyshire on his return from the labour on the Sunday; I asked him if the labour was over; he said it was; I asked him if the placenta had come away; he said it had, and that there was no flooding when he left; when Shaw came at three to say she was flooding, I again said to him, you are sure you removed the whole of the placenta; he said that he had.

Allen Shaw, sworn: Is collector to the Stalybridge Board of Health; Sarah Shaw was a member and entitled to attendance.

Verdict, Manslaughter against William Derbyshire, who stands committed to the next Chester Assizes.

### PROFESSIONAL ETIQUETTE.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—As a set-off to the practitioner, who, in defence of his having charged £2 14s. 6d. for professional attendance on the son of a medical man,

urged,—“that no one ever heard of such a monstrous thing as one medical man attending the family of another for nought!”—I beg leave to adduce the noble, disinterested, and generous conduct of I. Daniel, Esq., of Beaminster, Dorset, who attended, through a long and severe illness, the widow of a medical practitioner, and my mother. The distance from Mr. Daniel's residence to her house was two miles and a half. As the disease assumed a more formidable character, so did the unremitting, and untiring attention of Mr. Daniel increase; twice a day he visited the patient, and frequently in the middle of the night cheerfully traversed the dismal road, to administer relief, although the case was known to be hopeless. When all was past, Mr. Daniel could not be induced to send my guardian any account for his valuable services, or for the medicines which he supplied. This was in 1828, when I was a pupil in Bath. Now, gentlemen, when it is known that the husband of this lady had been a practitioner in that city for many years, and had not the pleasure of Mr. Daniel's acquaintance, what was there to prevent that gentleman's sending in his charge but an innate respect for the character of that venerable profession, of which he is a distinguished member, one respected, and beloved by all who know him. I should therefore hope, that the practitioner who has committed himself by sending in a pitiful account of fifty-four shillings and sixpence to a brother practitioner, could not be aware of the etiquette of the profession in such cases; and having this striking instance to guide him, will forbear violating that bright line of demarcation which separates us from the mercenaries of the world.

I have the honor to be Gentlemen,

Your obliged and obedient servant,

CONWAY T. EDWARDS.

Batheaston, Bath,  
Jan. 1, 1842.

### CORRESPONDENTS.

We are unavoidably obliged to postpone for another week the papers of Dr. Knight and Mr. Nottingham, with several other communications.

The article on “The Union of Medicine and Surgery” has been received, but it is so illegible, that the printers cannot decipher it. We should feel obliged if our correspondent would write on *ordinary* sized paper, and not on slips a yard and a half long!

We have received several letters condemnatory of the conduct of the nameless individual who demanded payment for attending the child of a brother practitioner. The mildest of these communications is inserted above. The rest we decline.

The Report of the Sheffield Medical Society in our next.

*King's College Hospital.*—We beg to direct our readers' attention to the judicious remarks of Professor Fergusson, on the relative advantages of the operations of *lithotrity* and lithotomy, contained in this day's number. In future we hope to be able to furnish occasional reports of cases, operations, and clinical lectures, from this hospital.

Letters and communications have been received from Mr. Maughan, Dr. Knott, Mr. Edwards, Mr. Toogood, Mr. Wood, Mr. Jackson, Dr. Fosbroke, Dr. Martin Lynch, Dr. Burton, Mr. Davies, Mr. J. W. Rumsey.

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## COURSE OF LECTURES ON PHYSIOLOGY & SURGERY.

By JOHN HUNTER, F.R.S.,

(From the Manuscript of Dr. Thomas Shute.)

### *Lecture XIX.*

#### TREATMENT OF VIRULENT GONORRHOEA.

The cure of the disease will be treated of under a supposition that it is a specific inflammation. If we, by any means, can destroy the disposition in the solids to produce such action, then we shall at once stop the running, at least the formation of venereal matter. When the disease lasts long, it shows the patient to be very susceptible of the venereal irritation; perhaps such people are of an irritable habit in general. In all cases of men, without exception, time is a specific, every one getting well. In curing the disease, it is seldom that any good can be done; not above once in ten cases. In most, they will do equally as well with bread pills as any other application.

There are two modes of cure, the internal and local.

There are two modes of cure internally; the evacuant and astringent. In evacuating, purges and diuretics are used; for purging, some use mercurials, and others as carefully avoid them. This disease is an accident, something superadded; all constitutions whatever are subject to it. This is not the case with most diseases, for in general the constitution must be in a particular state to be susceptible of the disease, as in the ague, that being only capable of attacking a particular constitution. In such diseases, therefore, the constitution is to be taken up, as we have no specific for such diseases. Mercury is frequently given in this disease, from its being a specific in the pox, from which it might be naturally supposed that it would cure the disease when local. But, notwithstanding it is a specific in one case, it does not at all forward the cure in the other. The astringent method of cure is by giving some of the balsams. These will stop some irritations, but I doubt of their having any effect on the venereal.

The local method of cure is in two ways—internally applied to the urethra, or externally on the glans, and sometimes both. Every stimulus which is not venereal tends toward a cure, because any other stimulus produces a different action, and as far as it deviates from the venereal action, so much nearer it is towards producing a cure. The superadded irritation is not venereal; every increased action, produced by stimulating the part, tends to destroy the specific inflammation. The topical applications may be either in a solid or fluid form. The solid, when internally applied, must be in the form of a bougie; such usually irritate considerably. It is usual to wash off the matter and keep the parts clean, to prevent irritation. The matter

is likewise carefully wiped off wounds for the same reason; such treatment is quite unnecessary, for matter can never irritate the part which secreted it. It is sometimes necessary to remove the matter for the application of topics, otherwise they cannot act, the part being so completely covered by its own matter. Injections have an immediate effect only, their operation ceasing soon after application; therefore, to do good with them, it is necessary to apply them very frequently; every hour, or oftener, will perhaps be necessary. All astringents act in the same manner; their powers are similar in all. There are many injections which almost immediately stop the discharge. This has alarmed some people, they thinking that the matter would be thrown into the constitution. But such opinion is absurd, for the disease can only be carried into the constitution in the form of pus; therefore, if the formation of matter is stopped, it is impossible that the patient should be poxed. The chance of absorption is in proportion to the duration of the discharge. If the discharge continues four weeks, it is four to one more probable that the patient is poxed, than if it continued only a week. Every day that the discharge continues the probability becomes greater of the patient's being poxed. If, by any means, the venereal inflammation can be removed, then there can be no danger of the constitution becoming affected, because the discharge can be no longer venereal.

Injections are of several kinds; the irritative, astringent, sedative, and emollient. The first cures by producing a greater irritation than the venereal, and thus changing the action. This method increases the symptoms of inflammation and discharge. It is difficult to determine on what method of treatment to pursue in different people. Where there is a great degree of irritation, perhaps this method should not be used. It may be attended with better success in those who are not of a very irritable habit. When the glans is much inflamed, and all the symptoms are very violent, the irritating mode of treatment probably will do hurt. We are sometimes able to stop the discharge entirely from the first, but when that is the case, the pain and inflammation continues as long, or perhaps longer than it would have done, had the discharge been suffered to continue. This advantage, however, is gained; it prevents the possibility of a pox. Astringent injections generally irritate in some degree; therefore, sometimes they increase the discharge, at other times entirely stop it. If we could stop the discharge immediately as it comes on, then we should entirely prevent the possibility of a pox; but we know of no such astringent; probably the best astringent is not known. Sedatives lessen the action of the parts, and prevent their being so susceptible of pain; therefore they have a very comfortable feel. Emollients lessen the pain by lubricating the parts. They likewise

cleanse. When the glans is affected, then external applications may be useful; mercurial ointment will be a good one. When the prepuce or glans are considerably inflamed, fomentations and poultices are necessary.

*Injectons.*—Corrosive sublimate dissolved in water, one grain to eight ounces is a proper proportion for some people, but for the quantity we must be regulated by the sensations of the patient; in some this will be too much, in others not sufficient. To this some gum arabic may be added. Turbith mineral is another, which should be made by dissolving as much of it as possible by boiling; to this an equal quantity of water should afterwards be added, and it will be fit for use. Verdigris and oil is another injection which is frequently used, and with good success. For astringent injections, white vitriol, saccharum saturni, and bark are used.

Spa water may also be used as an astringent.

Sedative, opium perhaps is the best. The opium should be dissolved in water. By dipping the penis in a sedative fluid, it may give ease.

For an emollient, gum arabic and oils are frequently used.

When there is hæmorrhage far up in the urethra, balsam of copaiba is a very good medicine, generally stopping it. This is a symptom which is never attended with any bad consequences. I am inclined to think that injections sometimes cause this hæmorrhage. In a chordee, bleeding is sometimes very useful, especially topical bleeding with leeches. This symptom frequently remains after all venereal affection has entirely ceased, owing to the extravasated lymph not being taken up: in such case bleeding will be of no use, it being only necessary to get the lymph absorbed, which may be perhaps best done by the use of mercurial frictions. When the bladder sympathises, an opiate clyster generally relieves very much, and bleeding is sometimes necessary. It perhaps rarely happens that the bladder becomes inflamed by sympathy; therefore the little use which results from warm bathing and bleeding in such cases when used.

In swelled testicles, the horizontal posture, above all things, is the most useful; it takes off the action of the arteries, and facilitates the return of the blood through the veins. This is a species of inflammation which very rarely comes to suppuration. Emetics in some cases are useful. When the inflammation has ceased, a considerable tumefaction frequently continues some time after; in such cases mercurial frictions are best to promote the absorption of the extravasated lymph.

### Lecture XX.

#### ON THE TREATMENT OF THE CONSTITUTION IN VIRULENT GONORRŒA.

In some patients it is necessary to attend throughout the cure entirely to the constitution; in others not at all. In very strong and plethoric constitutions, the symptoms frequently run very high; in such, evacuations are necessary, bleeding, and gentle purges. Opium, in such cases, ought not to be used, for when it loses its sedative effect, it generally increases the action of the arteries. Balsam of copaiba is given indiscriminately by some people, but that in some cases must have a bad effect, for the balsams generally heat patients. Where there is considerable inflammation, sitting over warm water which has a little vinegar and spirits in it, is an excellent method of fomenting the parts. Rest and living low are very necessary, allowing the parts to relieve themselves. The constitution is easiest to manage of any, for by reducing it the disease usually goes on very well. It is much easier to lower a constitution than to raise one properly that is weak. The nervous constitution is much

more difficult to manage, it generally sympathising violently with the disease. Bark and mild applications are necessary. It is necessary to give the bark to destroy the irritability of the habit.

A gentleman, of a hypochondriacal disposition, who was continually quacking with his constitution, got a clap; the symptoms were numerous and urgent. The surgeon who attended him treated him with cooling medicines and gentle evacuations for a week, during which time he grew worse and worse every day. I was then called in. I found the inflammation very considerable, spreading entirely over the glans, which had a transparent appearance in every part. I advised letting the clap alone, and entirely to attend to the constitution. The bark was then given very plentifully, and he began to mend immediately; he continued it for a fortnight, at the end of which time he was quite well, without doing anything else.

A fever will remove every symptom of a clap, and if it continues long, will quite cure it. The constitution, therefore, by being generally affected, will remove all symptoms that are local, and if continued long enough they will never return. On this principle, probably, a clap might be cured by keeping the patient drunk for a week. Everything which increases the circulation tends to increase the symptoms; therefore, eating hot spices increase the pain and inflammation, but increasing the symptoms sometimes has a tendency to hasten the cure. Eating pepper to such an excess as to raise a fever, and continuing it, might cure a clap. Diuretics, given with gum arabic or linseed tea, will lessen the symptoms by increasing the secretion, and diminish the acrimony of the urine. Diluting much in nervous constitutions, will tend to increase the symptoms, by increasing irritability. The signs of a cure are known by an abatement of all the symptoms. The weariness goes off, the glans becomes wrinkled, and the running more slimy, there being fewer of those globules in it which gives the whiteness, &c. Sometimes all the symptoms will return with greater violence than before, after they have ceased some time. Perhaps this return is not venereal; it can only be determined by knowing whether it is capable of infecting another. A young gentleman, of a very sober disposition, got a clap, which I cured by injections and small doses of physic. A month after all the symptoms had ceased, the clap returned upon him with greater violence than ever.

After patients are perfectly well, strange sensations frequently continue in the glans and urethra for long after; these go gradually off. From these sensations people are very apt to suppose that they are not perfectly cured, and that the clap will break out again, which there is no more reason to believe than that a bone is going to break again because it is painful at times after getting well. Such uneasy sensations are common to all parts after they have been much injured; and frequently after compound fractures and large wounds, they will return at intervals upon change of weather during life. When parts sympathise with others, it is not certain when such sympathy will cease.

When the testicles have swelled, an enlargement, especially of the epididymis, will frequently continue for years, and sometimes during life. Such enlargement and hardness never produces any bad consequences. Sometimes the testicle perhaps becomes useless, for I have sometimes attempted to inject such hardened epididymes, and have found them imperforate. A surgeon of sixty years of age, had, when a young man, both his testicles swelled, and the epididymes continued enlarged to this day, without any impediment to emission. He is father to a large family. The chordee goes off gradually, which is a proof that it is not always a spasm. Sometimes, however, it is fluctuating; therefore in those cases it must be spasmodic. During the cure of a clap, some attention should be paid to the absorption of matter, for it may



be taken into the constitution imperceptibly. For fear of consequences, it is therefore necessary to give some mercury toward the end of the cure; a small quantity will be sufficient, for a very little mercury will destroy the disease while in the constitution, and before it has made an attack on any part. Twenty pills, with one grain of *mercurius calcinatus* in each will be sufficient. Perhaps there is not more than one case in a hundred where any absorption takes place. When patients have been much physicked, there is a greater probability of their being poxed than at another time, for reducing the constitution very much causes the absorbents to bring everything in to its support. Giving mercury at the beginning of the disease can do no good, for it will not in the least facilitate the cure of a clap. Many consequences remain after claps, such as gleet, fistula in perinæo, &c.; these will be spoken of hereafter. The cure of women must be nearly the same as in men. Injections should be used, and the inside of the vagina anointed with unction. If the urethra is inflamed, it will be proper to inject it, but it is hardly possible for a woman to do it herself. The small glands in and about the vagina frequently suppurate, from their ducts becoming inflamed. These should be treated as chancres; a free use of unction being necessary.

### Lecture XXI.

#### ON GLEET AND STRICTURES.

A clap will wear itself out, because its continuance depends on a stimulus, which by time must lose its effect on the part. On the contrary, a gleet is a continuance of the discharge arising from a habit which the parts have acquired, and not depending on any stimulus. This habit is a disposition in the parts to produce such discharge. This discharge sometimes ceases of itself after it has continued for months, and sometimes even for years. Pus appears to be serum, mixed with a great number of globules, which gives it whiteness. The discharge in a gleet appears to be mucus, mixed with a small proportion of such globules. This discharge very readily turns to pus on any intemperance, eating spices and indigestible food, or drinking, &c. As this disease is not specific, there is no fixed mode of cure; and from the difficulty of knowing the constitution and state of the parts, it is not easy to determine on the mode of cure. It may be treated constitutionally or locally; in each there are three modes of cure. The first method constitutionally is by giving medicines which act particularly on the parts diseased—such as the balsams. The second by giving medicines, and using such means as will strengthen the constitution—as the bark, steel, cold bathing, &c. The third mode is by giving astringent medicines.

*Of the Local Methods of Cure.*—First, injections to strengthen the parts, made of the balsams and turpentine. The second, astringents—as the bark, white vitriol, &c. The third, stimulants—as sublimate, bougies, &c. Each of these methods cure by altering the disposition of the part; the last of them should only be used where the others have failed, it being a violence on the part. It always produces a greater discharge than that of the gleet. The time necessary to perform the cure is in proportion to its violence, and the duration of the acquired habit. A gleet of only a fortnight standing may be cured much sooner than one of a year. When the method of cure is by stimulating the parts, it is necessary to know how long that stimulus should be continued, for we can then form no judgment by the discharge. If bougies are used, it will be necessary to continue them for a month or six weeks. They ought to be of rather a smaller size than the urethra, and not above four or five inches long.

Violence will sometimes cure at once. A gentleman who had had a gleet for two years applied to me;

I gave some of Goulard's extract to dilute and inject; by mistake he used it as it was; it gave him excessive pain, and caused considerable inflammation; in three days the inflammation ceased, and he had no return of his gleet. Turpentine has a specific action on the urethra and those parts; a few drops for a dose will produce considerable effects. Violence or bougies almost always cures, but patients seldom will submit to the use of a bougie until the gleet is very troublesome. When a gleet is stopped by an injection, it is necessary to continue the use of it for some time, for when parts are got into an habitual action they very readily return to that action again. The actions of the body and mind are exactly the same. When the mind has been habituated to any particular way of thinking for a length of time, it is difficult to get it into another mode of thinking, and when it has acquired this new action, if it is put out of that way, that is confounded as by drinking, then it will return to its old habit again; thus it is with the body. Rest is necessary in the cure of a gleet, and should be continued for some time after; for riding, drinking, or any intemperance will be very apt to make it return, especially when it has not been long stopped. Gleet, however, are exceedingly whimsical, for sometimes they will be cured by the reverse. After a patient has continued quiet for a month, and then rode, it has stopped it.

#### *On Diseases which are supposed to arise from Claps.*

—Strictures in the urethra arise from a tightening of the canal, which never extends above the breadth of a line, appearing as if the penis had been tied with a cord. This disease is frequently called caruncles, and excrescences, but I never found any other disease existing than the tightened urethra, although I have opened a vast number of such cases. I, however, can conceive something like a polypus forming there as in the uterus. This disease is always supposed to arise from a clap, but I doubt whether it ever arises from that cause. It is generally attributed to such cause, because there are few people who have not been clapped. It does not come on at that time. It has been supposed to arise from the healing of an ulcer, the cicatrix forming the stricture; but it has been denied that any ulcer ever exists in that part, and besides, if there was, it could not be from the healing of an ulcer; its progress is usually so very slow, being generally years in coming on. No ulcer would be so long in healing. The same kind of strictures are frequently to be found where no clap could ever have existed, as in the œsophagus and intestines, therefore why should it be particularly attributed to the urethra? This disease also frequently exists in the bulb and membranous part of the urethra, which never are the seat of a clap. If it was the consequence of a venereal affection, it might be expected to extend further. I suppose that the number of strictures in the œsophagus, may be equal to those in the urethra, although the number of the latter at the same time far exceed the former. That is, those who have strictures in the œsophagus, generally die in two or three years, whereas those who have strictures in the urethra, are seldom killed by them; consequently the number of the latter living must far exceed the former. Another reason for this opinion is, that they are seldom situated in that part of the urethra which is the seat of the clap, but most frequently in the membranous part and bulb. If fifty people with strictures are examined, there will not be above one in the whole number who has a stricture where a clap has been situated. The contracted part of the urethra is whiter and harder than the other part: it is usually attended with some discharge. In curing a stricture, discharge is produced. The cure is to be performed, either by dilating or destroying the stricture. For dilating the urethra bougies are to be used, which act merely as a wedge, having no other property whatever.



These strictures come on very gradually, being first observed by the stream of urine lessening, which very gradually increases; it is generally late before patients apply for relief, therefore it is frequently very difficult to get a bougie to pass. It often requires repeated trials to hit the place; a great number of bougies may be introduced without being able to get into the stricture, when one at last may happen to enter; when one has been found to enter, we should then introduce another similar to it at the point. The best time of introducing a bougie is immediately after making water, the passage then being more open. When the bougie is to produce ulceration, it is better to be as large as can be introduced. Little force ought to be used in introducing a bougie, for the stricture being the hardest part, if much force is used, it will slip off the stricture, and ulcerate the side of the urethra into the corpus spongiosum. If half an inch is gained without getting through the stricture, it is certain that the bougie has got out of the urethra into the corpus spongiosum, and is there making a new canal, for the stricture is never above a line's breadth. When a bougie cannot be introduced, and its removal is attended by ulceration, produced from the pressure of a bougie, a large one will be best, it not being so liable to make a new canal.

A soldier in the horse guards had a stricture in his urethra. Bougies were used by the surgeon until he had gained three inches, being able to pass them as far as the bulb. Notwithstanding so much had been gained, it was still as difficult for him to make water as ever. It therefore appeared to the surgeon that the whole canal was contracted. An operation was then proposed, which was to cut in upon the extremity of a staff, where it stopped in perinæo, and then to attempt the making an opening into the bladder. In performing this operation, it was found difficult to get into the passage; by cutting in different directions to find it, they at last opened a canal accidentally, which they found led up to the penis, by the side of the staff, and without touching it; this passed as far as the old stricture, and there stopped. It was then found that what had been gained by the bougies was only the making of a new canal on the side of the urethra in the corpus spongiosum, the stricture still remaining as at first. To get through the stricture two silver canulas were introduced, both of them open at their extremities. One was passed up the urethra, through the wound, to the stricture, the other passed down the urethra, and placed opposite the first. An instrument was then thrust from the lower canula through the stricture into the upper canula, and afterwards a bougie introduced through the lower in the same manner, and afterwards turned into the bladder, not being suffered to continue through the wound. Bougies were thus kept in the urethra until the external wound and that in the corpus spongiosum were both healed. This patient soon got well.

In curing strictures with bougies sometimes, it is very tedious, and the patient becomes tired out; therefore, it is not amiss to change the colour of the bougie, and to use red, this serving to amuse him. When we are introducing a bougie, it is no proof that it is passing because it continues to enter, for it may be bending; this, however, will be known by the feel, to one who is accustomed to pass bougies. When it bends, if let go it is found to recoil, but if it has not bent it will keep its situation. The recoiling of a bougie when bent arises not only from its elasticity, but also from the contraction of the urethra, which, when thrown out of its course, is endeavouring to recover itself again. If the bougie has entered the stricture, the mark of it will be seen at the end, the wax will be found squeezed up a little at that part. Likewise, when the bougie has entered, it will be found to jerk in withdrawing it, from the strictures embracing the end. It is necessary to continue the use of the bougies after the patient is well, for there always continues a

disposition in the urethra to contract again. If the bougies do not get through the stricture in a fortnight or three weeks, I always make use of caustic to destroy it. I introduce the caustic through a silver canula upon a piece of silver fit to hold a pencil, therefore the caustic cannot touch any other part of the urethra. Sometimes by touching it once the urine will pass in a full stream; two or three times is almost always sufficient. The stilette of the canula is rounded at one end, and as large as the diameter of the cavity; this should be passed through the canula to facilitate its introduction.

Strictures when removed are very apt to return in three or four years, I therefore think that it will be better to use the caustic in all cases, as it will probably, by destroying the part, prevent the return. This operation is very easy as far down as we can make the urethra straight, but, where it bends, it is difficult, because a curved canula will be apt to knock off the caustic. To remedy this inconvenience, a canula should be used that is so flexible at the extremity as to take the bend of the urethra, the caustic being first introduced. Bougies, by being kept pressing against a stricture, may cause it to ulcerate and by that means remove it.

## OBSERVATIONS

ON THE

CLIMATE, TOPOGRAPHY, AND DISEASES

OF THE

BRITISH COLONIES IN WESTERN AFRICA.

By E. J. BURTON, M.D.,

*Assistant-Surgeon to the 25th Regt., late Assistant Surgeon to the Royal African Corps.*

### NO. IV.

In my last paper I gave a description of the British settlements on the river Gambia; in my present I shall commence by briefly noticing the French possessions on the western coast of Africa.

Although the French have one or two minor places on the coast, as Albreder in the river Gambia, and a small trading post lately established in the Cozomance, their only places of any note or importance are the Island of Gorée, situate about 100 miles from the mouth of the Senegal, opposite Cape Verde on the main land, in 14 deg. 40 min. north latitude, and 19 deg. 45 min. west longitude, and the Island of St. Louis, some fifteen miles within the mouth of that river, in 16 deg. north latitude, and 18 deg. 48 min. west longitude. There are many islands in the mouth of this river, numbered at forty-two by "Durand," in his "*Voyage au Sénégal*," but most of them are exceedingly swampy and uninhabited.

The Island of Gorée, so named by the Dutch, deserves mention, if only for the purpose of stating the fact, that there is one inhabited place on this coast free from swamps, which is probably the reason of its having been surrendered to the French. This island is about one mile and three quarters in circumference; the shore, in many places abrupt and elevated, consists chiefly of rocks of igneous formation; the French use this island as a place for seasoning their newly arrived troops, it is also resorted to (as a convalescent station) by the military and by other persons who have suffered attacks of sickness in their more unhealthy settlements. It is strongly fortified; the French keep a garrison here, consisting of white soldiers, and the inhabitants delight in calling it a "*Petit Gibraltar*." Dr. Thénénat, in his very interesting work on the French colonies in Western Africa, says of this island, "*De tous les points occupés par les Européens sur la côte occidentale d'Afrique l'Isle de Gorée est certaine-*



ment celui qui offre le moins de danger." It is certainly, without controversy, the most healthy place upon the coast, and the only one habitable by white persons.

The Island of St. Louis, in the river Sénégal, is a low and partially swampy sand bank, on which is built the town of St. Louis, the head quarters of the French troops in Western Africa, and their largest settlement on the coast. These two islands, which were taken by the English during the late war, and restored at the conclusion of peace, are the only places on the coast of any importance in a commercial point of view, as from their position they command the trade in that useful article known in commerce as the Gum Senegal, or Gum Arabic. This gum is the inspissated juice of the "acacia gummifera," which exudes from the bark of the trees; during the dry season is collected by the Moors and brought to Senegal (the nearest trading place), and exchanged for merchandise. An English man-of-war is usually sent once a-year to "Portendic," with presents for the Moors, to induce them to sell the gum to the English merchants on the coast; this is quite a useless expenditure, as the English are not allowed, by the terms of the treaty with the French government, to establish a trading post at "Portendic," and it is utterly absurd to fancy the Moors will carry their gum to the English settlements, which are at a great distance, when they find a ready market at Senegal, in the vicinity of the gum forests.

It is perhaps not generally known that the French enjoy much better health in tropical climates than the English, this, however, is a fact, which may be observed by any person whose attention is directed to the subject. This superior power of resisting the influence of tropical climates, on the European constitution, may be attributed to more causes than one; the first, and perhaps the chief cause of this difference, is to be found in the geographical position of their country; this more especially applies to the South of France, the heat of which must in a great measure prepare its inhabitants for a residence in tropical climates. M. Thévenot, in his "*Traité des Maladies des Européens dans les Pays Chauds*," makes some curious calculations, showing the greater exemption from tropical disease of persons from the South of France, as compared with those from the more northern provinces; in one case, where the birth-places and other necessary facts could be clearly ascertained, he shows the deaths amongst the former to have been only one in twelve, whilst the latter lost one in seven. These cases were all treated in the same hospital. Is there a sufficient difference between the climate of the southern and northern parts of the British empire, on which to found rules for the recruiting of our regiments serving in tropical countries? Although it is quite rational to suppose that natives of the southern parts of Great Britain are likely to suffer less in a tropical country than those from the north, there exists considerable difficulty in making any practical use of such knowledge; a more interesting subject of inquiry, however, there could not be, than an investigation into their comparative capability of resisting the influence of hot climates, and their relative powers of bearing the effects of tropical disease.

The disease which proves most fatal to Europeans in tropical climates is fever, and any persons choosing to direct their attention to this subject must ultimately come to the conclusion, that the more temperate habits of the French conduce, not a little, to render them less susceptible of this complaint. Temperance in eating is here alluded to as much, if not more, than temperance in drinking. The English are too much addicted to the excessive use of animal food in tropical countries, whereas common sense, but more so still the habits of the natives of those countries, clearly indicate the propriety of having a greater recourse to vegetable diet; the natives of warm climates subsist chiefly on rice, corn, and vegetables, dressed

in a variety of forms; seldom eating animal food; their usual drink, milk or water. The Krooman of Western Africa are a strong, active, healthy race of people, capable of enduring almost any degree of fatigue; their only food is rice, their only beverage water; cases of acute inflammatory disease are rarely seen amongst them. The habits of Europeans, previous to their becoming residents in warm countries, are such, that a total abstinence from animal food would most probably prove more injurious than otherwise; but what is here particularly objected to, is the habit which exists amongst our countrymen in these climates of consuming nearly double the quantity they were accustomed to do in their native country, thereby overloading and fatiguing the digestive organs.

It is the custom, in these countries, to load the table three times a day, or even oftener, with several dishes of animal food, of various kinds, cooked in every variety, and in every form capable of tempting the appetite. This immense mass of food is either converted into chyle and conveyed into the general circulation, causing plethora, with tendency to fevers and other inflammatory diseases, or the over-burdened stomach rendered incapable of properly performing its functions; part of the heterogeneous mixture passes either wholly, or partially, undigested into the intestines, giving rise to dysenteries, diarrhœas, hepatic, and other complaints. The fact of the French being able to retain a garrison of white troops at St. Louis and Gorée, while the dreadful mortality which took place amongst the British white troops at the English settlements on the coast, obliges the government at present to garrison our stations there with black troops only, conclusively points out that the French possess a superior power of resisting the injurious effects of tropical climates. It is true they have local advantages there which the English do not possess; those are, in the first place, their having the Island of Gorée, as a seasoning and convalescent station; and secondly, their settlements in Africa being more to the north than those belonging to the English. Again, look to the troops and inhabitants of the French Antilles, and the balance of health will be found in their favour when compared to the inhabitants of the English West India Islands. Turn on the other hand to the Island of Bourbon, in the East; compare the health of its inhabitants with that of the English in the neighbouring island, the Mauritius, and the same result will be found.

It is generally known that new countries become more healthy after being for some years subjected to the skill and industry of civilised man. There is no doubt that much may be done towards rendering a new country more salubrious. The chief means of effecting so desirable an end are clearing the jungles, draining the low wet swampy grounds, and converting hitherto unprofitable forests to the peaceful purposes of agriculture; indeed clearing, draining, and cultivation, are the sole means capable of producing any beneficial change in the climate of countries previously allowed to run waste. Such means are also useful in northern climates. The winters, for example, in Canada are more genial and mild, and shorter, since the industry of man has brought so much of that splendid colony under cultivation. It is unfortunately impossible to apply these means to the country at present under consideration. Where are the labourers to be found to clear away immense tracts of forest and jungle—or could they be procured? Where are the funds to employ them, on so unprofitable and unproductive a speculation? How are the immeasurable swamps, many of them on a level with, or even below the level of the sea, and of which the greater part of Western Africa consists, to be drained? And unless these objects can be carried into effect, how is the country to be brought into a state of cultivation, and consequent civilisation? The persons who at present feel most sanguine respecting the issue



of such undertakings, must eventually perceive that they have been pursuing a speculation altogether chimerical. Mr. Boyle, the late colonial surgeon of Sierra Leone, in his work on Western Africa, proposed building a series of lime kilns along the edge of the Bullom shore, in order to neutralise the mephitic exhalations of that swampy country; a truly novel mode of improving the health of marshy countries, at least possessing the merit of originality. I have read somewhere a most sapient improvement on this plan, which consisted in the erection of a *wall* for the purpose of intercepting, instead of neutralising, the miasmata. The clever amender of the original plan did not seem to fear that the constant battering of these dreaded exhalations against the wall might bring on a fit of ague, and *shake* to pieces his notable shield of defence. The usual type of ague being *tertian*, it would most probably be necessary to rebuild the wall every third day. Such propositions are not worthy of a moment's reflection, or a word of serious comment; they are, however, most respectfully submitted to the consideration of "the African Civilisation Society."

It may again be asked, what is the use of expending British life, energy, and treasure, on so pestiferous and unproductive a coast, whilst we have the splendid African colony at the Cape of Good Hope, affording a sufficient outlet for capital, industry, and adventure, with Africans enough, God wot, to satisfy the present mania for African civilisation? Besides which, the most proper point at which to commence the civilisation of Western Africa is at the Cape of Good Hope. Let all the money which is daily wasted at Sierra Leone be expended there in forwarding the purposes of education, agriculture, and civilisation, and slowly, but certainly, will the march of intellect spread itself into the very heart of Western Africa—not through the medium of Europeans, incapable of resisting the climate, but by Africans themselves. This opinion is supported by the circumstance, which must have been witnessed by every person who has travelled much through the country on each side of the river Gambia—namely, the comparatively civilised state of the Mandingoes in those parts, most of them knowing how to write their own language in the Arabic character, have a perfect knowledge of the true God, &c.; this education, so far as it goes, having been introduced from Arabia, which lies as far from this country on the one side as the Cape of Good Hope does from Sierra Leone on the other.\*

With regard to the preservation of health in Western Africa, there are a few precautions which may be taken upon that head; the person newly arriving in that country should not alter his mode of life, provided his previous habits were temperate, both in eating and drinking. Animal food should not be taken more than once a day, though an erroneous opinion exists in many cases upon the coast that it is necessary to eat and drink more than persons are accustomed to do in England, "in order to support the strength." All fomented liquors, wines, and spirits, are to be avoided as much as possible for the *first* year; the first year is here mentioned, as by that time the person has usually had his first fever, or undergone his "seasoning," as it is termed upon the coast. After this process of acclimation, it becomes necessary to live somewhat more generously; and the moderate use of wine is now of great advantage, and

weak brandy and water, especially if the person suffers much from ague, is by far the most wholesome beverage. Exercise is an important means towards the preservation of health in this country. Walking during the cool of the morning, if it is not found productive of fatigue, will be extremely useful; but, as a general rule, riding on horseback will answer every purpose better, and it is, moreover, less likely to produce that feeling of lassitude resulting from more active exertion. Exercise, of whatever kind, must be had recourse to early in the morning, before the sun acquires too much power, and in the evening, just before sunset, always taking care to avoid exposure to the noonday sun or the dews of the night, both not unfrequently proving the exciting cause of disease. The clothing, on account of the heat of the climate, must necessarily be light; but flannel should invariably be worn next the body, to assist in absorbing the increased cutaneous exhalation. Persons should always *sleep* and live as much as possible in the upper part of their houses.

I had an opportunity of performing an interesting experiment in elucidation and support of the above direction, when in charge of the garrison at St. Mary's during the wet season of the year 1839, the troops consisted of two companies of the 3rd West India regiments. Finding that one company suffered much more from sickness than the other, and considering that it was caused by their being lodged on the ground floor of the barracks, I had them removed to the upper story, replacing them by the company previously healthy; they immediately became free from sickness, and the other company now supplied the sick list. Both companies were then removed to the upper rooms, and although this arrangement caused great crowding, the men quickly regained their usual health. Notwithstanding the great heat, and sometimes excessive closeness of the atmosphere, it will be found conducive to health to use fires pretty frequently during the rainy season, and occasionally during the dry. The dampness of the houses is excessive in wet weather; fires are therefore absolutely necessary in order to counteract its injurious effect, besides their beneficial action in keeping up a current of fresh air through the rooms.

Although the preceding rules for the preservation of health are given, let not the person going to Western Africa proceed there under the pleasing delusion that by attention to them, or indeed to any others, he can escape the fevers prevalent in that climate. A person may possibly pass one rainy season on the coast without suffering from fever; such cases, however, are extremely rare; but when fever does come, the person who has attended to the rules given, stands a much better chance of recovery. It seems now to be the general opinion on the coast, that the most favourable period for arriving at the different African stations is in the beginning of the healthy or dry season; on this point I find it necessary to dissent. It being next to impossible to get over the first rains without an attack of fever, it is my opinion, fully confirmed by experience, that the sooner a person has fever after arriving on the coast, the better. The great accumulation of bile which takes place after a residence in Africa, seems to be one of the chief predisposing causes to the complaint; this accumulation is greatly increased by a lengthened residence, and the greater the quantity of bile the more severe the fever becomes; besides which, it is of advantage to come to the grand struggle before the strength of the constitution is impaired by the debilitating effects of the climate. Most, if not all the diseases incidental to other countries, are met with on the Western Coast of Africa, but fever may be considered the fatal scourge of this part of the globe; this is the disease which has so justly acquired for Sierra Leone the character of being the most unhealthy climate in the world; this is the complaint

\* The appearance of a Mandingo school, in a native village some hundred miles in the interior of Africa, is to the European traveller in those parts extremely interesting. In a circular cane hut, generally about the centre of the village, the Mandingo schoolmaster is to be seen "teaching the young idea how to shoot;" their usual lessons are repeating prayers from the "Koran" aloud, or copying extracts from the same book; they do not possess paper, and a flat smooth board is used as a substitute; the pen consists of a pointed piece of wood (the Roman *stylus*); the ink is a decoction of roots mixed with charcoal.



which has hurried whole regiments to an untimely grave, and swept away the officers and crews of not a few of our men-of-war employed on the coast. Many other complaints appear, no doubt, in a severe form; but, comparatively speaking, there is little to fear from them; and were it not for fever, Western Africa might be considered equally habitable as other tropical climates.

The *fevers* of Western Africa may be enumerated under the heads of yellow fever, "bilious remittent fever," "simple bilious fever," and intermittent fevers.

*Yellow fever* generally appears in an epidemic form every seven years at Sierra Leone; the last visitation was in the year 1837. Much discussion has taken place in the colony as to the origin of this disease, some being of opinion that it had been imported, by far the greater number, however, considering it of local origin. It must indeed seem strange that it should be imported regularly every seven years; and, on the other hand, is it not equally curious that the local cause giving rise to this disease should lie dormant for a number of years, and then a fever break destructively forth, in such a manner as to leave its origin enveloped in mystery? When this disease appeared at Sierra Leone, and the Gambia, it was considered highly contagious, and proved extremely fatal—few, if any well marked cases, terminating favourably. This disease must be considered as having originated at Sierra Leone; its importation, however, in one of her Majesty's vessels to St. Mary's, is admitted on all hands. At this settlement it carried off nearly all the white inhabitants, and many of the natives; though frequent communications took place between St. Mary's and McCarthy's Island, not a single case appeared at the latter settlement, as if to veil in still greater mystery its origin, and the laws which govern its transmission.\* This disease has been considered by many as an aggravated form of remittent fever, and the idea is supported by the fact that all the symptoms are similar, only much more severe, in the former. This error, however, for error it must be considered, originates, I am led to think, in mistaking the *severer* types of bilious remittent for yellow fever, and it must still be considered that the latter is a specific disease, one in fact sui generis.

"Bilious remittent," or as it is called on the coast, "country fever," though not by any means so formidable a disease as the one just mentioned, proves fatal to a greater number of persons on the coast, as it appears in an endemic form every rainy season. Indeed it can never be said to be altogether absent, as cases not unfrequently appear during the dry season. These

\* It being at present almost generally supposed that yellow fever is neither contagious nor propagated by infection, I wish particularly to mention the grounds on which it is stated that this disease was introduced and propagated by contagion, amongst the inhabitants of the Island of St. Mary's, in the year 1837. The crew of her Majesty's brig "Curlew," I think, but I cannot be quite positive as to the name, contracted the yellow fever at Sierra Leone in 1837, where it was then raging. She sailed from that place for change of air, and entered the port of St. Mary's, having at the time some of her officers and crew labouring under the disease. At the period of her arrival, St. Mary's was quite healthy, and free from *fever of any kind*. Some of the officers afflicted with yellow fever were landed and brought to the house of the colonial surgeon, Mr. Tebbs, who attended them; he was, in a few days, seized with the disease and died, although a "seasoned person." The fever now spread rapidly, the first cases being all traced to have had communication with Mr. Tebbs, or his patients. That this fever was imported into St. Mary's, and then propagated by contagion, is strongly supported by the fact that the disease commenced in this place, *previously healthy*, immediately after the arrival of the vessel having the fever on board, and that it never had before appeared at that settlement, nor has it ever appeared since. It is not wished to maintain that yellow fever is always contagious, or always propagated by the same cause; but the fact of its having been imported and propagated in this instance by contagion, is given as a simple fact, and not for the purpose of supporting any particular theory or argument.

latter cases are usually the result of exposure to the sun, dew, or excessive fatigue, especially if such exposure takes place up the different rivers along the coast.

Intermittent fevers may next be mentioned; they are met in all the usual types—viz, quotidian, tertian, and quartan. This disease, though by no means dangerous, seldom proving fatal, causes, perhaps, a greater amount of suffering than any other complaint incidental to the climate. Most persons suffer severely from it for six or twelve months after their first attack of remittent fever; indeed this is considered part of the "seasoning" process; neither does it cease its attacks altogether after this pretty long term of probation, all Europeans expecting at least an annual visit from this most uncomfortable companion, and so tenacious is it of good company, that it usually accompanies its victim to Europe, and is seldom got rid of for months after leaving the coast. Not possessing a sufficient *practical* knowledge of yellow fever, I shall not enter into any further description of that formidable disease, but propose in my next communication to pass on to the consideration of "bilious remittent fever," as it appears on the Western Coast of Africa.

## PERINEAL ABSCESS, AND ITS CONSEQUENCES.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—The observations connected with the report of the following case of perineal abscess, and its consequences, allude to a practice which is not perhaps confined to myself. Should you deem them worthy of a place, I shall feel obliged by their insertion in your Journal.

I am, Gentlemen,

Your obedient servant,

J. NOTTINGHAM.

Liverpool, Dec. 20, 1841.

A gentleman, aged 41, of temperate habits, who formerly enjoyed very good health, never having suffered from any form of complaint, began to be troubled in December, 1840, with "pains and uneasiness" in the perineum, for which he could not assign any cause.

From his account, it appears that the part continued to suffer from inflammatory action during some months, and that abscess was formed, which "first broke" in July, 1841.

He applied to me in October last, having hitherto contented himself with the application of poultices to the part. On examination with the probe, I found extensive branching fistulae in the perineum (with but one external opening on the right of the middle line), on both sides of the raphe, unconnected, however, with either the urethra or rectum, both these canals being in a perfectly healthy state. Considerable induration of the parts had taken place, the tissue in the immediate vicinity of the sinuses feeling hard and gristly.

Oct. 29. I passed a bent director into the canal, which opened externally, and divided it freely with the bistoury. The smaller sinuses leading from this were next sought out, and treated in a similar manner; in short, the operation, as frequently performed, was completed, the parts only requiring a little cramping with lint.

To ensure a complete healing from the bottom in these cases, especially where so much induration as was here met with exists, is by no means an easy matter; the treatment after operation being often exceedingly tedious, and the parts threatening to heal up, save at some ill-favoured aperture, yet moistened



by its sanies, where a kind of anomalous sphincter is formed, its aperture communicating with some vestige of the old canal beneath—a sort of termination, more or less favoured by the situation and form of the parts, the motion occurring on them by varying of posture, as in sitting down or rising up, as also by the alteration which the cellular tissue has undergone, and which retards so much the granulating process.

For the purpose of overcoming the difficulties in question, in this as in some other cases more or less of the same kind, an additional step was added to the ordinary operation, by employing a pair of scissors curved on the flat, and, with these, deeply cutting off the indurated margins of the canals previously laid open by the bistoury.

By this means a more sound structure is exposed; the hardened cellular tissue and corresponding integument are removed; a good base, whence granulations may spring, is afforded; and the sides of the old canals, with their mischievous tendency to incomplete coalition, are altogether removed; the dressing afterwards is more simple and less troublesome, as filling up from the bottom of the wound is now in most cases an inevitable process.

Dec. 20. The sinuses are soundly filled, and the parts completely cicatrised.

To the above mode of treatment I have sometimes found the application of a little strong nitric acid an useful adjunct, thus destroying some of the lining membrane at the bottom of the fistula, which it did not seem desirable to remove by the knife.

## A CASE

OF

## MUSCULAR AMAUROSIS, COMPLICATED BY MYOPIA.

RELIEVED BY

## SECTION OF TWO OF THE RECTI MUSCLES.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—From some resemblance of the title of this case to that of the last, and to those of several future cases which I intend to offer for insertion into your Journal, I feel it necessary for me to state, that I have no desire of fatiguing the attention of your readers with cases similar to each other; but have, in the publication of several cases on one subject, the object of displaying to the profession the varieties of the disease and the different degrees of treatment it may occasionally require.

The case of Mary Ryadon, reported by me in the "Provincial Medical and Surgical Journal," of Dec. 18, 1841, was remarkable for the completeness of its cure, being accomplished by the section of *three* of the recti muscles; the present case will show what extent of cure may result from the section of *two* muscles.

I am, Gentlemen,  
Your obedient servant,  
JAMES J. ADAMS.

George Speller, aged 18, by trade a watch-case maker, of healthy appearance, dark complexion, with dark hair, and hazel irides. The appearance, position, and association of his eyes are perfectly natural, though their power of equal and simultaneous convergence is very slight, the utmost degree of which is produced by the holding of an object at five inches from them. Central repulsion in the left eye. The power of inversion of either eye is nearly complete and equal; that of eversion is equal, but not complete by half a line. Sight, with both eyes open, sufficiently good for him to see to read small print at the distance

of *five* inches, for about half an hour at a time, when the eyes will require to be rested; for if he attempts to read beyond the time above mentioned, the letters will appear to mix one with the other, and become as if obscured by a mist, the denseness and duration of which, is always in proportion to the degree of exertion endured before resting; should he be desirous to pursue his reading on the recovery of distinct vision, he can do so for a period somewhat less than two hours, by the aid of repeated rests of the eyes, at intervals, of gradually decreased length, the periods of rest being multiplied and lengthened, in the inverse ratio, to the decreasing periods of occupation. Small print cannot be seen beyond seven inches, or large print, "double pica," beyond nine, or nearly ten inches. The distance at which he usually reads such type is at about half the above-named measure. He states that, in consequence of his sight becoming dim, and objects appearing confused whenever he looks earnestly and stedfastly at them, he has been compelled to abandon all attempts to earn his livelihood at the finest and most profitable branches of his trade, and that it is with much difficulty he can accomplish enough of the coarser kind of work to support himself; for if he attempts to execute any finer work than that to which he has been accustomed, he cannot persist in his attempts for longer than an hour, the sight being then so very dim that, in order to restore it to its usual condition, a rest of many hours will be required. He adds, that there are certain kinds of minute workmanship in his trade which he cannot see to execute, even for a short time, when his sight is at its best, and that, therefore, he is quite incapable of being instructed in those branches of his trade which are, from their required delicacy of execution, the most profitable. He remembers that, eighteen months ago, he used to see the time by Cripplegate church clock, and that soon after this period it became more difficult for him to do so; twelve months since he could only see the shape of the clock, and now its situation is but just discernible.

Sight, in the right eye, much the same as that experienced with both eyes open, though it is not quite so clear, nor does he see by it so distinctly at the same distances, its point of distance of vision being at four inches. Sight, in the left eye, very dim; he can just see by it to make out one or two letters of "double pica;" and those not beyond two and a half inches from the eye; very slight attempts to use this eye rapidly increases its dimness; its sight is best towards his left shoulder.

He is very subject to severe pains across the forehead and in the brows, which are felt most severely at such times as the sight is rendered most dim; these pains, with their accompanying dimness of vision, are produced by over exertion of the body, exposure to bright lights and heat; indeed, they in every respect resemble the painful symptoms described in most of the cases of this class. The history of his impaired state of vision is, simply, that he always had a weak and near sight, but did not know of its very defective state in the left eye, till he commenced the business of watch-case making, now about three years since. His treatment hitherto has been various and inefficient.

Sept. 13. I divided the left internal rectus muscle, and the left eye became instantly much diverged. In about two hours after the operation he could see with it, unaided by the right, to read a few words in "pearl" type, and he could read easily "double pica;" its dimness was less dense and more slow in its approach.

16. Position of the left eye still very much diverged; its power of inversion is very slight, being only to the extent of one line inwards of its central natural position. The sight is slightly improved since the day of operation. Instead of applying the bandage, as I ordered, he has made some mistake, and only applied the bandage when in bed at night.

22. The position of both eyes is nearly natural, the



left being slightly diverged from its centre. The power of inversion of the left eye is increased, and is capable of inverting its cornea to the extent of two and a half lines inwards of its natural central position. Sight, in the left eye, very much improved; by it he can see to read "double pica" at the distance of four inches and "pearl" at two inches; its dimness does not come on so densely or quickly as before operation; he now sees best with it towards his nose. He complains of feeling very giddy when he removes the bandage from the right eye, which had been ordered to be kept closed.

28. Position of both eyes nearly natural; the left is slightly diverged, and is somewhat fuller than the right. Association, not natural. If the left eyelid be closed, the cornea of the right eye will be observed to remain stationary, in its central position, while the left cornea will be found, on suddenly re-opening the left eyelid, to have become extremely everted, and, at the next instant, it will be observed to move to its usual position, a point about one line outwards of its centre. If the right eyelid be closed, the cornea of the left eye will turn slowly to its natural central position, and remain there till the right eyelid be re-opened, which, on being done, will show the right cornea to be in a position extremely everted; however, it, like the left, moves towards its natural central position. The motion of the right eye, from its everted position towards its centre, is active; that of the left, under similar circumstances, passive. The convergence is made equal at about six inches. Repulsion active, and nearly extreme in the left eye. Inversion very complete in the right, but not in the left by full two lines. Eversion not complete by half a line, and equal. Sight, with both eyes open, improved with respect to distance: he can see to read easily, "pearl," at seven and a half, and "double pica" at fourteen inches; a dimness of the sight comes on much quicker than previously to operation, and is accompanied by a sensation of pain across the eyeballs; any slight exertion of the eyes will cause them to be felt for a less time than one minute. Sight, in the left eye, improved in every respect; he can see to read "pearl" at three and a half inches, and "double pica" at five inches, for several minutes without the presence of any dimness; but if the exertion of the eye be continued, a dimness will commence, though it will not extend to the same degree of darkness as before operation; sight equally well in all directions.

Sight, in the right eye as with both eyes open, with respect to the power of seeing distant objects, but not with regard to its dimness, it being very slight after a long continued exertion, so that, from the above observation, it is apparent that the disposition to dimness is greater when both eyes are open than when either is separately employed. He has had no pains in the head or brows since the operation, a slight aching sensation over the eyeballs, after attempting to read or gaze intently, alone being felt. Ever since the last report he has kept the right eye closed by a bandage, on the removing of which, a sensation of stupidity and giddiness is produced, which gradually subsides if the eye be allowed to remain uncovered.

Oct. 9. Position of both eyes perfectly natural. The left eye is rather more prominent than the right. Association, unusual, and as related at last report—*i. e.*, if either eye be closed, the cornea of its fellow will be central, the cornea of the closed eye at the same moment being everted. On the re-opening of the closed eye, the everted cornea will be seen to turn towards its centre, and to correspond with its fellow; the motions of the left being passive, those of the right quick and forcible. Convergence, equal at four inches; repulsion, extreme and in the left; inversion, fully complete in the right, but not complete by one line in the left; eversion, equal, but not complete by half a line. Sight, with both eyes open, very much

improved; he can now see to read "pearl" at nine inches and "double pica" at fifteen, but has not tried the utmost degree of exertion that his eyes will sustain, though he is certain that the dimness does not present itself so quickly or so densely as it did previously to operation. He has not seen double since the operation. Sight, in the right eye, nearly as perfect as with both eyes open. Sight, in the left eye, much improved, he can now see to read, easily, "pearl" type at the distance of four inches, whereas, before operation, he could only recognise by this eye a few of the letters of "double pica" within the distance of two and a half inches; "double pica" can now be read at six inches. A few days since he read, by the left eye alone, a newspaper, for about half an hour, without any inconvenience, no rest being required. The pains about the forehead and brows are lessened, he has felt only two or three attacks of them since the operation, and those of a much less severe degree than heretofore.

11. Divided the *left external rectus* muscle, and removed a portion, it having been previously extensively separated from its immediate connections of cellular tissue. The position of both eyes, three hours after operation, was that of a full and equal convergence. The power of everting the left cornea was greatly diminished, and could only be exerted to about one line external of its centre.

16. Position of both eyes slightly converged, the left more so than the right. Association nearly natural; closure of the right eyelid causes the left cornea to turn from the usual position to its centre and the right cornea to be more inverted; closure of the left eyelid does not appear to affect the position of either eye; convergence, slight at six inches; repulsion, fully central in the left; inversion, complete in the right, but not in the left by one line; eversion, none in the left, and not complete in the right by full one line. Sight, with both eyes open, still improved. Sight, in the left, nearly as before operation. He complains of pain over the left brow.

23. Position of the left eye slightly converged, that of the right nearly central. Association, as on the 16th; convergence, full at three inches and equal; repulsion, left eye fully central; inversion, not complete by nearly two lines in the left and by one in the right; eversion, not complete in the right eye by half a line; in the left, the eversion does not take place beyond half a line from the natural central position of the cornea.

26. The position, association, and other objective symptoms of his eyes, are the same as at last report; the power of eversion of the left eye being alone excepted, it having slightly increased, and now extends to one full line outwards of its centre. Sight, with both eyes open, very much improved; three days since he visited his master for the purpose of ascertaining to what extent his sight had improved; all the branches of the business at which he had been accustomed to work, were seen with greater clearness than he had ever known them to be; he then tried to execute a branch of the trade which he had never before been able to see to do, namely, that of "turning the flat clean," as it is technically expressed in the trade, which consists in making certain grooves of the watch-case clean and true; the difficulty he formerly experienced in doing this seemed to him to arise, principally, from two causes—namely, that he had not a sufficient power of seeing the work, and that any attempt to do so only increased the difficulty; the parts appearing indistinct, bright, and dazzling. He worked at this department for one hour and a half without the sight being affected, though a pain over the left brow began to be produced; he then ceased to work; in half an hour after he had done so the pains ceased, and have not returned. Yesterday, he read the newspaper with both eyes open for the space of about an hour and a half; no pain or dimness was produced; he felt that he could con-



time to read for as long a period as he wished; and he then tried to read the same sized print by the left eye alone, which for the space of half an hour he did; a slight dimness was the result; he remained perfectly free from pain.

Nov. 6. *Position* of both eyes natural; the left eye is more prominent than the right, but not to any noticeable amount; association natural; convergence equal, and slight at six inches; repulsion active, and fully central in the left; inversion not complete by one line in the right, and by half a line in the left; eversion not complete in the right by half a line, and in the left it does not extend beyond two lines from its central position. Sight, with both eyes open, still improved, both with respect to strength and to distance; he can see to read the minutely engraved words of the Lord's Prayer, as engraved in a circle of less size than a four-penny piece; a continuance of the effort is attended by a slight pain in the eyes, more particularly in the right; if either eye be used separately to view these minutely engraved words, the letters are not seen quite so clearly, but no pain is felt. Yesterday he read the print of a newspaper during two hours by candle-light; he did not feel the slightest inconvenience from so doing; no dimness appeared, nor was pain felt; neither was there any occasion for his eyes being rested.

December 8. *Position* of both eyes, and the association, natural; convergence equal, and slight at four inches; repulsion in the left eye active and central; inversion and eversion as at last report; sight improved; no dimness has been observed to present itself after exertion of the body or of the eyes; he has frequently, of late, read for the space of two hours at a time by candle-light, without being subject to any inconvenience from the presence of either pains or dimness; he has felt occasionally, during the early part of the morning, a few wandering pains about the forehead, and a sense of more than usual drowsiness.

15. The objective symptoms remain as on the 8th instance; the sight has continued perfectly free from the occurrence of dimness after exertion of the eyes; with both eyes open, the distance at which he can now see to read "pearl," is at *nine* inches, and "double pica" at *fifteen* inches. Previously to the first operation, the letters of the former type could not be seen beyond seven inches, or the latter beyond nine; and the distance at which he used to see them was about half the above-named measure. Distant objects are seen much more distinctly than formerly; e. g., he can see the figures and hands of a church clock, the whole dial of which, previously to operation, appeared to him to consist only of one black mass.

Sight in the right eye nearly equal in strength to the sight as experienced with both eyes; can read "pearl" at seven inches, and "double pica" at thirteen. Sight in the left eye still improved; he can see by it the small letters of the Lord's Prayer engraved as above described; to read "pearl" at four and a half inches, and "double pica" at six and a half inches. Previously to the operation, by this eye alone he could only make out here and there a few letters, of "double pica" at the distance of two and a-half inches, and then not for a continuance beyond a few seconds at a time, a dense fog would appear before the eyes, which, at present, a long exertion will not produce; an occasional pain in the forehead is still felt.

#### REMARKS.

If the principal characteristics of the above case be reviewed, they will, in a manner, appear thus:—A healthy lad, of eighteen years of age, by trade a watch-case maker, was so defective in his sight that he could not see to do certain fine workmanship of his branch of trade; the difficulty, principally, consisted in his not being able to see distinctly the fine markings of lines and grooves about the watch-case, nor could he continue to exert his eyes over the coarser kinds of workmanship for a sufficient length of time to earn his

living by his occupation. The letters of a full sized print, "double pica," he could not see at the distance of *ten* inches, nor those of a small print beyond *seven* inches. The sight of his left eye was much inferior to that of the right; the letters of double pica were the smallest he could make out, and them he could not see beyond the distance of two and a half inches, or for a longer period than that of a few seconds at a time. Attending this state of the vision, were symptoms of a different kind—namely, pains in the forehead and brows, but which were so connected with any usual exertion of the sight, that their presence and severity were sufficient, without any other cause, to compel the patient to rest his eyes. Such a state as the above rendered him unhappy, and his labour comparatively of little value; he, therefore, willingly submitted to the two operations above described, medical treatment having been long and unsuccessfully tried. Between the dates of September 12, and October 12, 1841, I divided the internal and external recti muscles of the left eye. On December 15, the results of the operations are an increased power of seeing minute objects, even to that of reading the finely engraved letters of the Lord's Prayer, in a circle of less size than a four-penny piece, a capability of seeing distinctly and clearly the minutest parts of the workmanship in a watch-case, an increased power of exerting the eyes on any minute object, or on the letters of small print (indeed, this defect has been so completely removed, that an exertion of many hours' duration does not produce any dimness of the sight), and a nearly complete cessation of his pains.

The distance of his vision, as experienced with both eyes open, is nearly doubled; that of the left eye more than doubled; the distances at which he can now see to read easily, are, "pearl," *nine* inches, for "double pica," *fifteen*. Previously to the performance of the operation, these types could not be read comfortably if held beyond *five* or *six* inches from the eyes. The improvement in the sight of the left eye, is from the power of just seeing a few letters of a large sized print to that of reading almost the finest engraving of letters, and without occasioning the presence of dimness; so that there remains but a deficiency to the length of the sight, which, to be prevented, will require the performance of operations on the recti of the right eye. The complete absence of dimness after exertion of the eyes, and the cessation of the pain, have disposed me to advise the postponement of the intended operations on the right eye, till the severity of this winter be past. It may also be well to observe here, that a state so favourable as the above is not always to be expected to succeed to two operations, and that it is a state not free from the liability of a return of some of the symptoms.

#### ON THE

### TREATMENT OF PARAPHYMOSIS.

By J. TOOGOOD, Esq., of Bridgwater.

The incision of the stricture in Paraphymosis, is pretty generally practised by surgeons, except when this disease occurs in children, and in such the reduction is often effected by pressure. I have seen repeated incisions fail of relieving the stricture, and leave foul and intractable sores, which have been extremely tedious and difficult to heal. I have always succeeded in reducing a paraphymosis, either in an adult or child, however long standing, without having recourse to the knife, by the following method:—I place the patient against a wall, and take care that he is steadily supported by an assistant on each side; a piece of linen cloth is then laid over the glans, and with my thumbs I knead the blood out of it, drawing



the prepulse forwards at the same time with two fore fingers of each hand. A steady perseverance in this plan never fails, and, although the operation is a painful one, the patient is amply rewarded by the rapidity of the cure, which requires nothing more than the application of a saturnine lotion for two or three days.

## PROVINCIAL

# MEDICAL & SURGICAL JOURNAL

SATURDAY, JANUARY 15, 1842.

Of the causes which lessen the duration of human life, none challenge attention more directly than those the operation of which is rapidly fatal. The connection of many cases of sudden death with crime or culpable negligence, and the possibility that every such case, the circumstances of which are not clearly explained, may have arisen from carelessness or design, have rendered it necessary that an investigation should be instituted into all fatal accidents, or unforeseen deaths, from whatever cause. Deaths by violence, or from external agents, are therefore directed by the law to be publicly inquired into, and the jurisdiction of the coroner, as an officer, whose duty it is to conduct and preside over the inquiry, becomes, when rightly appreciated, of the first utility in furthering the purposes of justice, and contributing to the protection of the subject. The duties which this officer has to perform, however, are either not very clearly defined, or would seem to be but imperfectly understood by many of those who are appointed to discharge them. Among the qualifications requisite for the office, a competent knowledge of the principles of medicine, and their application to what is termed medical jurisprudence, or legal medicine, is indispensable. The presiding judge in a court of inquiry, such as the coroner's court, should at least possess a sound knowledge of the subjects which it is his peculiar province to decide upon, and as a part of the evidence to be received generally consists in the construction which certain of the witnesses place upon the facts before them, the coroner should be qualified to comment with authority upon the opinion so given.

It may perhaps be thought that the coroner, like the jury, who for the most part consist of ignorant persons, must be guided in his decision upon such medical questions, as arise in the course of the investigation, by the opinion of the medical witnesses. Were every medical witness himself competent to determine the questions submitted to his judgment, and free from all bias, the determination of the cause of death might be at once, and finally referred to him; while the inquiries as to the criminality or negligence concerned, now conducted in the coroner's court, could afterwards be carried on, where necessary under the superintendence of the local magistracy. The competence of the medical witness, however, cannot, in all cases be thus assumed. Very many of the inves-

tigations connected with legal medicine require qualifications of a very different character from those possessed by medical practitioners engaged in the daily calls of an extensive and laborious profession. Both in the coroner's court and in the higher criminal courts, medical witnesses are for the most part too ready with their evidence. The judgment is often too hastily formed, and there would seem to be an impression on the minds of most medical witnesses, that a definite opinion on one side or the other, from the facts before them, is absolutely required, although the facts are often incomplete and utterly insufficient to support it when given. It hence arises that a fatal event is sometimes attributed to a cause altogether insufficient; at others, that too much importance is attributed to trivial circumstances.

It is the coroner's duty to detect these errors of judgment to which the most gifted are occasionally liable, and to be able so to direct the jury as to give its due weight, and no more than its due weight, both to the evidence of fact, and the evidence of opinion. While he does his utmost to sift the evidence, and place the whole matter in as clear a light as the circumstances may admit, so that the actual cause of death may be ascertained, he should be careful, lest by any error, in attributing the fatal occurrence which has taken place to design, where it originated only in accident, an innocent person whom circumstances may have brought into suspicion, should be subjected to the ignominy and danger of a subsequent trial, and to the actual infliction of loss of true health and enjoyment of life, from confinement within the walls of a prison for the period which must intervene before the judicial trial can take place.

It is no light deprivation for a man to suffer loss of liberty at any time, and it is an especial hardship during the spring or summer of his life, when all should be sunshine around him. The judge who inflicts such a calamity on a fellow-creature, without having well weighed and being competent to decide upon the grounds on which he is called to act, takes a responsibility upon himself by no means to be envied.

But, while the coroner should be especially careful that in the exercise of his duties he do not inculcate the innocent, it is equally incumbent upon him that every case not only to which suspicion attaches, but in which it is possible that carelessness or criminal intention can have had a part—that is to say, every case of sudden death—should be duly investigated. He does not hold his office to save the public money; he holds his office to investigate and decide upon the cases of sudden or unforeseen death which may come to his knowledge, and in the execution of his duties he is not to mix up those of another party, to the full as essential to the fulfilment of the intention of the law. He is not to combine, as we have seen done, the witness with the judge. He is not, for instance, to make use of his medical qualifications, should he possess them, to dispense with the fullest and the best evidence which he can obtain of that character, any more than he is to dispense with the evidence of witnesses to general facts, from his having himself a

knowledge of them sufficient, perhaps, to enable him at once to come to a decision. His duties are not to decide for the jury, but to have the best evidences placed *before* the jury, the true bearing of which he should point out, so as to enable them to decide for themselves.

"The coroner's inquest," says Mr. Farr, in the Third Report of the Registrar General, "was founded at a time when homicide constituted a common cause of death. It must, from its popular nature, have contributed not only to the detection and repression of crime, but to the general abhorrence of assassination, and the tender regard for human life in all its forms, which pervades the minds of the people of this country. The principle of the deodand, too, is full of wisdom, as it recognises the fact that accidental death may be indirectly caused, and by inflicting fines on the owners of dangerous animals, machinery, and other property, exercises a salutary check upon responsible parties. The Act, which directed inquests to be held upon all criminals who died in the prisons, was an useful extension of the institution, but of less practical importance than the clause in the Registration Act, which provides that '*in EVERY CASE in which an inquest shall be held on any dead body, the jury shall INQUIRE OF THE PARTICULARS HEREIN REQUIRED TO BE REGISTERED concerning the death, and the coroner shall inform the registrar of the finding of the jury, and the registrar shall make the entry accordingly.*' One of the particulars 'required to be registered' is 'the CAUSE OF DEATH.' The Act left to the proper parties, the coroners, the discretion of holding the inquest, but rendered it imperative on the jury, whenever it was summoned to sit on a body, to inquire into the particulars of the 'cause of death.' The legislature thus provided for the full investigation of all the cases of death, which, in the judgment of the coroners, required inquests to be held, or were liable in any way to be confounded with deaths by poisoning or violence."

It hence appears that when the circumstances of the case are such as to authorise or call upon the coroner to institute an inquiry into the cause of death, and an inquest is in consequence held, the jury are required, contrary to an opinion which has been promulgated, to determine not only whether the death has been natural or accidental, or the result of culpable negligence, or wilful contrivance, but also, as far as they have it in their power, the special form of disease which has produced death. It is unnecessary to say that the verdicts commonly returned by juries—died by the visitation of God,—natural death,—accidental death,—felo-de-se,—convey no information of the kind required by the Registration Act, and under the provisions of that act, ought not in any case to be received by the coroners. How, then, in a multitude of instances is the necessary information to be obtained, or by what means can a more precise and correct verdict be returned? Only by an actual and complete inspection of the body by a medical practitioner; and it is the coroner's duty to take care that this inspection shall be effectively performed.

Beck, Christison, Devergie, and all the most recent writers and best authorities on the subject, are agreed that an external view alone of the body is perfectly nugatory, and can tend to no certain deduction; that from an autopsy alone positive notions can be derived; and that a competent chemical examination where poisoning is suspected, or no other sufficient cause of death has been detected, is absolutely necessary. These opinions are commented upon in the Registrar General's Report, and strengthened by the avowal of the practical difficulties felt by a coroner of great experience in the discharge of this part of the duties of his office.

Mr. Baker, one of the coroners for Middlesex, observes, "It does seem very difficult, without resorting to medical testimony, almost in every case, to carry out the full intentions of the legislature—[with reference to the registration of the "Cause of Death"]—enforced as the duty more particularly is, by the cogent requisitions of the Registrar General, in his circulars to the registrars appointed by him, to work out its principle in the best possible manner." We have seen, however, another coroner, belonging to the same profession with Beck, Christison, and Devergie, opposed in opinion to those great authorities. We have seen him holding inquest after inquest, declaring, in contradiction to the provisions of the Registration Act, that the death was manifestly natural or accidental, and that no inspection was necessary. We have seen this officer combining the witness with the judge, depriving the medical witness of his privilege, and directing the jury to return the verdict by his own impression of the case, rather than by the evidence, which, as the best to be obtained, he was bound, in accordance with the practice of all legal courts, to bring before them.

But, then, the county is saved the expense of the inspection by a medical witness. True; and there is no sufficient reason why it might not also be saved the expense of the inquest in the cases in which medical testimony is dispensed with. Indeed, it might be equally well for the purposes of the party most interested, and certainly have the same effect, as the verdict must in all such cases be returned solely under his direction, if the attendance of the jury were also dispensed with.

But, after all, though the option of the inquest rests with the presiding officer in the Coroner's Court, the option of the inspection, when the inquest takes place, does not do so. The Registrar General can demand the information which he requires, and the coroner is bound to give it. "It would be taking a narrow view," says Mr. Farr, in his letter to the Registrar General, "to assume that the inquest is intended only to detect deaths by murder. About 35,000 inquests were held in the two years, 1838-9, when 156 murders were registered. There was but one verdict of murder to 224 inquests. According to the Criminal Returns, 121 offenders were tried for murder in 1838-9; of that number only 37 were convicted, and 15 were executed. The number of deaths by manslaughter is inconsiderable. The primary question in every in-



quest unquestionably is—Was the death the result of homicide? And even this can only be satisfactorily answered by strictly complying with the provision of the Registration Act, and inquiring into the particulars of the actual cause of death. Exclusive of the use of the deodand in preventing accidents, however, the principal utility of the inquest is the security which it affords the public mind, and its tendency to prevent crime, by convincing the evil-minded that murder cannot be committed with any chance of impunity. But inquests, in which the ‘cause of death’ is not inquired into, can neither inspire criminals with dread nor the public with confidence. The most important part of the evidence of the inquest is omitted when the ‘cause of death’ is not investigated. The expense of inquests, which is now not considerable, would be slightly augmented; but the value of the information, and the use of the inquiry, would be increased in an infinitely greater degree. The legislature, moreover, has left the coroners no discretion upon this matter. The juries are bound by the Act to inquire into the particulars required by you; and the coroners are bound to supply the registrars with the results, comprising an intelligible statement of the ‘cause of death,’ so far as it can be ascertained. The inquests in England,” continues Mr. Farr, “will henceforward be as efficient as similar inquiries in France or Germany, and be placed on a level with the present state of medical jurisprudence,—to contribute to that branch of science an immense number of new, well-authenticated, and instructive facts.” It is on every account most desirable that the intentions of the Registration Act should be thus carried out; and we trust that we shall hear no more of the attempts which have in some quarters been made to frustrate these intentions, and impede the utility of that truly admirable provision.

## REVIEW.

*Principles of General and Comparative Physiology*, by W. B. CARPENTER, M.D. Second Edition. London: Churchill.

The work before us is divided in the present, as in the former edition, into two books, the first of which treats of general physiology; and the second of special and comparative physiology. These are preceded by a very detailed consideration of organised structures, and a general view of the animal and vegetable kingdoms, forming an introduction which might very well have been elevated to the rank of a book, since it is superior in dimension to one of those which follow, and not inferior in importance to either.

In the introduction, the distinctions between organised and inorganic bodies, and between animals and vegetables, are stated at great length and with much ability, and the natural classification of the objects of each organic kingdom is exhibited in a lucid and comprehensive manner.

Our author distinctly announces an important fact which is too often lost sight of, or timidly and equiv-

ally stated—namely, that there are, in the living body, two classes of phenomena—*vital*, of the intimate nature of which we are entirely ignorant, and *physical*, which take place according to the ordinary laws which influence inert matter. This distinction we regard as of the utmost importance; and if any sound-headed and well-informed physiologist would make the physical phenomena of living bodies an object of particular and laborious research, we have no doubt he might produce a work which would confer both great benefit on science and high reputation on himself. The attempt has, indeed, been already made by M. Magendie, but in a very unphilosophical and inefficient manner, and with a manifest predetermination to drive vitality altogether out of the field, if possible.

Dr. Carpenter's remarks, from p. 161 to 166, afford a very just outline of the subject, and we recommend them to the particular attention of our readers. He further insists on the fact that, as all physical phenomena result from the excitement of the physical properties of matter by external agents, so all vital phenomena result from the excitement of the vital properties inherent in organised tissues by external agents, which, in the latter case, receive the name of *stimuli*. Simple and obvious as this truth appears when distinctly stated, it has only been recognised of late years; its absence from the speculations of physiologists for a long time rendered the enlargement of the general limits of the science nearly impossible, in as much as one of the essential conditions of life—namely, the constant state of *relation* of the organism to surrounding objects—was kept out of view; and its recent admission has already given a new impulse, and a more profitable direction to physiological research.

In his exposition of the general scheme of organization, Dr. Carpenter has brought comparative anatomy to bear on his subject with an extent and variety of illustration unequalled, perhaps, by any other writer; and the rich stores of vegetable physiology which he has at command not only afford important materials for reasoning, but communicate to the work a peculiar and very pleasing aspect. The first book, as already stated, treats of *general physiology*. Our author here inculcates that all we know of *vitality* is, that parts endowed with it have a property of reaction on the application of appropriate stimuli, and that the term *life* should be received merely as a general expression for the aggregate of phenomena exhibited by the living body. To this we entirely assent, and wish much that he had confined himself to these “sober certainties.” Instead of doing so, however, he has entered very controversially into the question of the existence of a *vital principle*, and, in our opinion, has descended much below the ordinary level of his reasoning. Dr. Carpenter decides this question peremptorily in the negative, and charges those who maintain an opposite opinion with absurdity. For our own part, we conceive that, in the present state of knowledge, it is mere folly and presumption to attempt to decide it one way or the other. Nevertheless, we will dwell on the subject for a moment, because hasty and unphilosophical conclusions—especially when sanctioned by respectable authority—form stumbling-blocks in the path of science, which ought to be removed. The following passage may serve as an

example of the weakness of Dr. Carpenter's reasoning:—

"The doctrine of a vital principle is not only quite unnecessary to explain facts, but is totally unsupported by the analogies of nature, and by what we know of the divine government in general. No reflecting mind has any doubt that this earth and its inhabitants form a system, of which every part is perfectly adapted to the rest (so that we might almost call it an *organised* one, if the idea of a particular structure were not involved in the term), and of which all the actions and changes, however in appearance contrary, have one common tendency, the ultimate happiness of the creatures of infinite benevolence. It cannot be regarded as an improbability that the other spheres and systems—whose countless multitudes, revealed by the aid of science, impress our minds with the nearest conception of infinity, of which our finite comprehension is capable—are peopled with beings, if not similar in structure with ourselves, at least equally worthy of the Creator's care. In the government of our own planet, itself but a point in the vast universe, we are able to recognise, to a small extent, the laws by which its physical changes are guided; and we discern faint glimmerings of those by which the moral condition of sentient beings is controlled. So far as we can understand the mutual adaptation of these laws, we everywhere see them working to the same end; and we entertain the highest anticipations of that beauty and harmony which will be revealed to us, when our imperfect glimmerings of knowledge shall be extended and corrected by the light of eternal truth. Should we not consider it degrading to the dignity of Infinite Wisdom to suppose that, at the creation of each world, He had found it necessary to delegate to a subordinate the control over its working, instead of at once impressing upon its elements those simple properties from whose mutual actions, foreseen and provided for in the laws according to which they operate, all the varieties of change which it was His intention to produce, should necessarily result?"

In the first place, we regard it as generally injudicious to adduce theological arguments in proof or illustration of scientific theories; and in particular we think extreme caution advisable in predicating what the Deity *would do*, without being previously sure of what He *has done*, which would involve a much more extensive acquaintance with the universe than we possess, or are ever likely to attain. In the second place, we contend that our author errs altogether in supposing that it would be derogatory to the character of the Deity to delegate to subordinate agents the management of the world which He has framed; for it is evident that in certain instances *He has done so*. If we look on the moral portion of creation—which must be acknowledged to be by far the most important—we find there one continued system of delegation. Thus it is clear that God intended man to be progressive in intellect and morals. How has this progression been effected? To say nothing of divine revelation, of which we do not feel ourselves warranted to speak on the present occasion, has it not been mainly through the influence of master minds, which have risen up from time to time, opening new fields of thought, imparting new principles of action, and setting in motion thousands of inferior minds which would otherwise have slumbered? And what is this but a delegation of power to subordinate agents for working the moral machinery of the universe?

We do not adduce the instance as having the remotest bearing on physiology, but simply as illus-

trating the question whether the delegation of power to subordinate agents be consistent or not with the character of the Deity. We are persuaded that a little more reflection on the subject would have prevented Dr. Carpenter from taking up so rash a position in ethics, and would have convinced him of the inapplicability of theological principles, even when sound, to physiological subjects.

But to return to the *vital principle*. Far be it from us to affirm that there is or is not such a principle, for we protest we do not know; but we must say, we think the advocates of the vital principle have much the advantage in argument—so much so, indeed, that reasoners on the opposite side, if hard pushed, can hardly escape admitting this principle under some other name. When we survey the perfect organism, in the totality of its relations and actions, the question appears inextricably embarrassed; but it admits of considerable simplification by "beginning at the beginning." No physiologist, we presume, will deny that the powers which sustain the organism are the same with those by which it was originally formed. How, then, is the organism developed from the germ? We will state only the elementary and undisputed facts of the process:—

A portion of matter, placed in certain circumstances, begins to assimilate to itself the surrounding matter, and the matter thus assimilated becomes endowed with properties whereby, in its turn, it is enabled to assimilate new matter which acquires new properties; this again assimilates other matter which acquires other properties, and so on till an entire organism is produced, consisting of a vast variety of textures and organs, each endowed with peculiar properties, and all involved in common relations; the whole being formed after a pre-existent model, and resembling myriads of other organisms of the same kind. Now, if it be asserted, on the one hand, that all this is the result of a *vital property* resident in the germ, and on the other hand, that it is the work of a *vital principle*, all the difference we can perceive between the two affirmations is, that the latter seems to be more appropriately expressed. Discard both the terms, and state the matter thus:—

An *unknown something*, prospectively adapted for the purpose, unconscious of its own operations, but informed by the divine intelligence, gives origin to a diversified series of actions and formations, and constructs a living body on a definite plan. It appears to us that this amounts to little more than a statement of the facts of the case, and yet to little less than the doctrine of a *vital principle*. We say it *appears* to us, for we are fully aware of the dimness of our mental vision on such subjects, and should be sorry, indeed, to dogmatise while objecting to the dogmatisms of others.

Having consigned the vital principle to the tomb of the Capulets, from which we predict its resurrection, Dr. Carpenter proceeds to discourse, much more to the purpose, of *vital stimuli*, and especially of heat, light, electricity, and the physical conditions of the surrounding medium. He there treats of the *general laws of organic development*. His chapter on this subject will be read with much interest by the student of philosophical anatomy, and we particularly recommend to his attention the very judicious remarks on



the law of *unity of composition*. This portion of the work concludes with a general view of the functions of organised beings, and their mutual relations, which is well adapted to connect the general doctrines of physiology with its special details. The second book is on *special and comparative physiology*. It consists of thirteen chapters treating respectively of the ingestion and absorption of aliment; the circulation of nutritive fluid; interstitial absorption; nutrition and formation of tissues; respiration; exhalation of aqueous vapour; secretions in general; evolution of light, heat, and electricity; reproduction of organised tissues; subordinate laws regulating reproduction; sensible motion of living beings; functions of the nervous system; the mark of design in organised structures. The reader will at once see the futility of any attempt on our part to enter into an analysis of such subjects as these.

The opinions expressed at pp. 551-2 show that, however hastily Dr. Carpenter, in common with some other distinguished physiologists, may have committed himself on the subject of vitality, he has observed a philosophical caution with respect to another point, on which the most wretched reasoning and premature conclusions are but too current even among those from whom better things might be expected; we mean the connection of the mind with the cerebral functions.

It only remains for us to recommend Dr. Carpenter's work to all scientific readers. We should have said more of its merits, were these not already well known and fully appreciated. Many portions of the work have received large and important additions, and that especially on the generative function, which was before some what meagre, has now been brought up to the present state of knowledge, and the subject ably and comprehensively treated. Taken as a whole, Dr. Carpenter's is the best general treatise on physiology which our own country has produced, and it will very well bear a comparison with the justly celebrated productions of the German writers.

#### WESTMINSTER MEDICAL SOCIETY.

Saturday, Jan. 8, 1842,

MR. H. J. JOHNSON, President.

DR. JAMES THOMPSON related the following case of a woman whom he had lately attended in the neighbourhood of the Regent's-park, and in whom "phlegmasia dolens" presented itself in about the eighth day after her confinement:—Mrs. M—, aged 35, wife of a tradesman, recently in good circumstances, confined of her fourth child—a boy; her labour was quick and favourable. In about the eighth day after her accouchement she complained of rigors, followed by heat, thirst, loaded tongue, full pulse, and headache. The cause of these symptoms soon revealed itself, by the occurrence of pain and stiffness in the left groin, and it gradually extended all over the limb, to the very extremity of the toes; so that in about the morning of the third day, the limb acquired nearly double the natural size, was exquisitely painful, aggravated by the slightest attempt at motion. The limb was tense, white, and shining, elastic to the touch, and pits very little upon pressure; but gives

to the hand, when passed over it, a sense of irregularity, as if it contained numerous little depressions under the tense integument. The temperature was much increased, and a good deal of pain upon pressure, which is said to be greater along the course of the veins; but I could never perceive this in any case; it was equally as painful on other parts, as along the tract of the veins; the discharges were scanty in this case and rather foetid, so as to require attention to the vagina, by injections of luke warm milk and water. The woman suffered from want of rest, and she required Dover's powder, which I prefer in these cases. The general treatment was antiphlogistic; leeches to the groin the first and second days, followed by large poultices of bran, which is better than the puppy or chamomile stupes; the more of the limb enveloped in these poultices the better; it is very agreeable and soothing to the patient. The diet was nutritious, but not exciting or stimulating. There was a dry skin, the "cutis anserina;" I gave her calomel and James's powder, one grain three times a day, with a few grains of Dover's powder. These cases do not well bear pressing the calomel; your object should be to produce a very mild effect on the patient's system. This line of practice was pursued for about nine days, when the limb began to subside to its natural size, first beginning in the thigh, and afterwards the leg and foot. The patient was much enfeebled, and lost nearly all command of the limb, which felt stiff and benumbed, and required the hand of the nurse under the small of the leg when the patient wished to change her position. A more tonic treatment is now tried—such as the infus-gentiane; carb. soda; tint. card. comp. She and the child are going on well; the discharges are natural and healthy; bowels and general health improved. The limb is wrapped up in woollen rollers. I have directed the nurse to rub the limb gently before putting on the bandages always. This seems to me to be a very useful practice; it produces a healthy action on the skin, and is pleasant to the patient; besides, it gives tone and energy to the muscles, which they do not otherwise acquire for some time. I have had an opportunity of observing a good many cases of this disease, and I have found it present itself more in broken down constitutions than in any others. It is not frequently met with in private practice. It generally sets in from ten to sixteen days, perhaps sooner or later, after confinement. Diseases somewhat similar, if not this disease itself, occasionally are met with in single unmarried females, and even in the male subject. The pathology of this disease seems very obscure, some attributing it to an irregular deposit of milk (dépôt du lait); while others say it is from rupture of the lymphatics, and the consequent extravasation of lymph; others attribute it to a general inflammatory state of these vessels themselves. The late Dr. Davis attributed it to phlebitis of the crural veins; in fact, that this disease was phlebitis of these vessels; while others are of opinion that it proceeds from the absorption of some morbid secretion of the uterus. It strikes me that none of these hypotheses are sufficient to account for the symptoms, nor are they supported by post mortem observations. The more rational theory in my mind, and one that is borne out more by whatever evidence we have at present of the pathology of this disease, is, that phlegmasia dolens in its true character, consists in an inflammation of the cellular tissue, occasioning an effusion of coagulating lymph. But how this inflammation is excited, or why it does produce those peculiar effects, remains yet to be explained. This disease, when not complicated with other affections, is rarely fatal; whereas we know that phlebitis in any part of the body is particularly mortal. Besides this, we do not see that the phenomena of the disease are at all explained upon the idea of its being purely venous inflammation. In the great majority of cases



of the latter lesion, there is nothing equal or corresponding to the peculiar firm tense, elastic, whitish swelling of phlegmasia dolens; and I think a careful perusal of Dr. Lee's interesting cases of true phlebitis will show, that they are very widely different, and most clearly discernible from that disease. An interesting debate followed the reading of this paper, in which the President, Mr. Streeter, Mr. Gregory Smith, and others, took a part; after which, the meeting adjourned until this evening, Saturday, the 15th instant.

### SHEFFIELD MEDICAL SOCIETY.

Dec. 30, 1841.

Mr. W. JACKSON in the Chair.

Dr. FAVELL exhibited three pathological specimens which he had obtained since the preceding meeting.

#### THE HEART OF A CHILD IN WHICH THERE WAS IMPERFECT CLOSURE OF THE FORAMEN OVALE.

The subject of this malformation was nine years old, and had enjoyed a tolerably good state of health. She was in the habit of playing about with the children in the neighbourhood, but could not take an equal amount of violent exercise. Her parents had often noticed a blueness of the countenance after she had been exerting herself. She never had a florid complexion. About a fortnight ago she was seized with measles, for which, however, no medical aid was obtained; but as she did not recover well after the disappearance of the eruption, application was made to the dispensary, and she was visited by one of Dr. Favell's pupils. Two or three days afterwards the Doctor was requested to see her. He found her labouring under partial pneumonia of the right lung, and intense bronchitis in the left. But his attention was particularly struck by the lividity of the countenance. The blueness was much more considerable than would be likely to result from the condition of the lungs. The pulse was feeble. The child died in the course of three or four days; and on a post-mortem examination, in addition to the usual appearances resulting from pneumonia being observed, there was also imperfect closure of the foramen ovale. The aperture was large enough to admit a moderate sized quill.

#### SCIRRHUS OMENTUM.

The patient was a man about 55 years of age, who, nine months ago, was admitted into the infirmary under the care of Dr. Favell, labouring under ascites, apparently caused by chronic inflammation of the peritoneum. After remaining in the house for several weeks, the fluid was entirely removed, and he was made an out-patient. In the course of a very short time, however, he again began to suffer from pain in the abdomen, which was greatly increased by pressure. The bowels were tolerably regular, but the pain continued, and he lost flesh. Shortly afterwards he became affected with a troublesome cough, attended with copious expectoration. A variety of remedies were employed, but he gradually sunk.

On examination, twenty-four hours after death, the peritoneum was found to be much thickened, and very closely adherent to the viscera. The serous coat of the intestines was studded with tubercular deposits. The liver was larger than natural, but healthy in structure. The kidneys were healthy, but the omentum was much changed in character; its length in the most depending part was an inch and a half, and its thickness rather more than half an inch; its structure was exceedingly firm and resisting, when cut into it had a whitish mottled appearance. The left cavity of the chest was full of fluid, which had pressed the lung

into a very small space. The pleura was greatly thickened. The right lung contained tubercles, and there was a small cavity in the upper third. The heart was healthy.

#### PERFORATION OF THE STOMACH.

The subject was a female, aged 22, who for a period of three years had suffered from slight symptoms of dyspepsia, but had not been under medical care. She had occasionally been prescribed for by a druggist, and had been in the habit of eating a considerable quantity of chalk. On Saturday morning, the 20th of December, she got up to her work (she was a domestic servant) in her usual health and spirits; but whilst she was engaged in her duties, was seized with violent pain in the epigastrium. This continued with such severity that a medical gentleman was summoned, who, on being informed that she had on the previous night eaten a raw turnip, regarded the case as one of gastrodynia, and prescribed for her accordingly. In a few hours, however, he saw her again, and the pain not being relieved, being increased by pressure, and extending itself over the abdomen, he judged there was inflammation present, and bled her. Great prostration followed the abstraction of only a small quantity of blood, the pain was not relieved, and the patient died in twenty-four hours after her seizure.

On a post-mortem examination, a portion of the contents of the stomach were found in the peritoneal cavity, and had there excited considerable inflammation. On examining the stomach, an aperture, through which the little finger would readily pass, was found on the upper portion of the anterior surface, near the cardiac extremity. The edges were hard and elevated.

Mr. OVEREND exhibited the heart of a child, in which the posterior and inferior surface of the right ventricle was perforated by a small ulcer. The pericardium and right pleura were filled with blood, partly fluid, and partly coagulated. A needle, about an inch in length, and black in colour, was found lying on the diaphragm, penetrating the cavity of the pleura and pericardium. No history could be obtained. The child was ten months old, and about six weeks before her death, which was sudden, was supposed to have fractured her ribs on the right side. Her death was sudden, except that she had had several convulsive fits the same morning. A figure of the preparation is given in "Farre's Journal of Morbid Anatomy."

The New Italian Tourniquet was exhibited by Mr. THOMAS. It had been used in the morning at the infirmary, when it had not answered very satisfactorily. The objection to it appeared to be that the bow was liable to be moved by the struggles and shrinking of the patient, by which, an alteration taking place in the form of the thigh, the pad was moved from its position, as was evidenced in the operation when it was found necessary, although in the first instance well and carefully applied, to adopt other means of compression during the performance of the operation. On the whole, it was considered that the advantage accruing from the prevention of venous congestion, was more than counterbalanced by the insecurity arising from the above mentioned cause, and it was also considered that a screw applied to the pad, by which compression on the artery could be regulated according to the state of the limb, would render it more likely to answer.

Mr. RAY introduced the following case, which was illustrated by sketches:—

A gardener, aged 79, who has always enjoyed good health, about fourteen years ago perceived a small tumour over the seventh cervical vertebra, about the size of a common nut. It has gradually increased until it has reached the following dimensions. It ex-



tends from the last cervical to the sixth dorsal vertebra :—

Length from superior margin to the most depending part . . .	19½ inches.
Length from inferior margin . . .	5 "
Superior circumference . . .	10 "
Middle . . . . .	18 "
Inferior . . . . .	17 "
From its commencement at the seventh cervical vertebra longitudinally to the margin at sixth dorsal . . .	24½ "

It appears to be one of the fatty tumours, and in the opinion of Mr. Ray, removal was precluded by the advanced age of the patient.

## MANCHESTER EYE HOSPITAL.

*Practice of Mr. Walker.*

### IMPERFECT DEVELOPMENT OF THE EYES, WITH CATARACT.

Mary Wild, aged one month, admitted an out-patient, July 20, 1841. The external aspect, when the eyelids are closed, is that of great depression, such as is seen after the evacuation of the humours, the palpebræ being flattened instead of possessing the convex appearance observed in the normal state. On separating the lids, the eyes have the same sunken and flat appearance, resembling those of a small bird, being evidently imperfectly developed; the cornea are transparent, but not more than half the usual dimensions; the irides of a dark blue, and a greivish white body—evidently the opaque lens—is seen within the pupils, which latter are of the ordinary size.

No other morbid appearance is observable. There has, however, been a slight mucous discharge from the conjunctival surface of both eyes, almost ever since the period of birth, but this is inconsiderable. The child occasionally opens both eyes, and appears to fix them on the window as if sensible of the presence of light. In other respects she is in good health.

The usual local and general remedies were ordered, with a view to the correction of the morbid secretion from the conjunctival surface.

July 23. The mucous discharge much abated. Ordered extract of belladonna to be rubbed around the eyes every night.

27. The pupils are considerably dilated, and the lenses are seen to be perfectly opaque.

Jan. 4, 1842. The child has been occasionally brought to the hospital since the last report, but no change is perceptible in the appearance of the eyes. The mother is unable to satisfy herself as to whether the child exhibits any real sensibility to light. She often places a lighted candle before the eyes, but thinks that no notice is taken of it. The child is now very delicate in appearance, and its health not very good. Whether the retina is sensible or otherwise is difficult to decide. Should the health improve, and some evidence of the sensibility of the retina become apparent, it will perhaps be desirable to operate for the removal of the cataracts. This is a very interesting and extremely rare case of malformation, or rather of imperfect development of the visual organs.

### SINGLE CATARACT IN AN INFANT.

William Batty, aged seven months, admitted an out-patient June 20, 1841. About a month previous to admission, the parents noticed something wrong about the appearance of the right eye, which they were confident was not before visible. On looking into the pupil, a white pearly opacity is observed in the situation of the lens, which is evidently of the

nature of cataract. The eye in other respects is perfectly healthy, the pupil being very active. This eye had never been the subject of injury, nor was there any mark of a wound such as might have been inflicted by a needle or other sharp instrument.

The pupil being dilated by belladonna, the opacity has all the appearance of being seated in the substance of the lens, having a bluish white colour, and being somewhat removed from the posterior surface of the iris. The other eye is free from disease, and vision evidently perfect.

July 10. The pupil being well dilated by belladonna, the posterior needle operation was performed in the usual manner. Moistened extract of belladonna was ordered to be kept constantly applied, and a light bandage passed over the eye and around the head.

13. Scarcely any inflammation of the eye; slight ecchymosis under the conjunctiva, at the point where the needle perforated the globe; the pupil well dilated; but little change in the appearance of the cataract. Continue the belladonna; a mild purgative occasionally.

Aug. 28. There is evidently nothing of the cataract remaining but the opaque capsule, which, however, completely occupies the pupil. The pupil having been previously dilated, the needle was again introduced, and the capsule freely lacerated and displaced. The belladonna to be applied as before.

Nov. 10. There is now no perceptible difference in the appearance of the two eyes, the pupil of the right being as clear, active, and regular as that of the other. The parents are satisfied that vision has been restored to the affected eye.

The case is interesting, from the circumstance of the cataract being confined to one eye, which it rarely is in infants, and from its becoming developed at such an early age. Congenital cataract almost invariably affects both eyes; and the fact of the disease being, in this instance, confined to one, is probably sufficient proof that it was not congenital.

### CONGENITAL CATARACT.

The following are from Mr. Walker's private notebook, and may be interesting in connection with the preceding cases :—

CASE I.—Martha W., aged 12 months, has been blind from birth, not having at any time appeared to notice any object whatever, although she frequently directs her eyes in a fixed manner towards the window or any strong light. The eyes have latterly acquired a somewhat rolling, unsteady movement, and there is a slight degree of internal strabismus of the right. They have a generally healthy aspect, are well formed, and the pupils active. On looking into the pupils, however, there is distinct evidence of an opaque condition of the lens and capsule, which are perfectly white. Her general health is good.

July 23, 1841. Belladonna has been applied, and the pupils are fully dilated, so that the cataracts are completely exposed. The child being properly secured on a table, the head placed on a pillow, and the lower lid depressed by an assistant, I raised the upper lid, introduced the needle into the posterior chamber, and freely broke up the cataract, first in the right and afterwards in the left eye. Extract of belladonna, moistened to a proper consistence, was ordered to be kept upon the eyes, which were also directed to be covered by means of a light bandage passed around the head.

26. There has been scarcely any inflammation in either eye since the operation; slight ecchymosis of the right from effused blood under the conjunctiva; the pupils are well dilated, and the cataracts, particularly that of the right eye, are rapidly undergoing absorption, a considerable aperture being visible in each.

30. The right pupil is now perfectly clear, but the left is still occupied with a considerable portion of opaque capsule.



Oct. 5. There is still a portion of opaque capsule stretching across the pupil of the left eye. The child, having suffered from an attack of bowel complaint, the repetition of the operation has been postponed. Health being now re-established, the belladonna was ordered to be applied last night and renewed this morning. The pupil being moderately dilated, the needle was introduced as before, and the capsule freely lacerated.

7. Scarcely any inflammation has resulted; the pupil has been kept dilated by belladonna, and is almost clear, with the exception of a small portion of its outer margin.

Dec. 20. Both pupils are now perfectly active and free from any opaque membrane. The eyes have still somewhat of the rolling motion, and the strabismus continues, but there is evidently a very fair amount of vision, and the case is altogether very promising.

CASE II.—John L., aged 4 months, was observed to have very defective sight very soon after birth, inasmuch as he appeared not to notice any object except some luminous body, such as a lighted candle or the fire. The pupils are very active, and the eyes appear perfectly developed, and have a healthy aspect, except that there is an evident milk-white opaque condition of the lens or capsule. The general health is good.

Oct. 28, 1841. The chances of an operation having been previously explained to the parents, they were desirous that the child should be subjected to it. The pupils being well dilated, from the employment of belladonna, the little patient was placed on a table, with the head resting on a soft cushion. The head and body being firmly secured, and the lower lid depressed by an assistant, I placed myself at the head of the patient, and raised the upper lid, first of the right and afterwards of the left eye. A straight needle was employed to perforate the sclerotic, at a short distance posterior to the corneo-sclerotic junction, the point of which being brought into the pupil and in front of the opaque body, was then depressed, and freely passed through the substance of the cataract. The same process was then repeated on the other eye. The cataracts appeared to consist of little more than capsule, and were easily perforated, the right being somewhat firmer than the left. Belladonna was then applied in the usual manner.

30. No inflammation in either eye. A considerable aperture was seen in the cataract of the left, which was evidently becoming rapidly absorbed; in the right eye the change was less marked, although the absorbent process had evidently commenced; the child had been apparently quite free from pain or irritation since shortly after the operation; the belladonna to be applied every night; an occasional purgative.

Nov. 2. Going on favourably; the absorbent process appears to be proceeding; the child takes more notice of surrounding objects.

Dec. 13. A portion of capsule still stretches across the pupil of each eye, so that when the latter is contracted there is but little space for the admission of light; the portion of capsule is larger in the right than in the left eye; vision is evidently much improved. There having been no appearance of absorption proceeding during the last few weeks, it seemed desirable to re-introduce the needle so as to lacerate and displace the portions of capsule which remained. The belladonna having been efficiently employed, the operation was repeated on both eyes with the almost immediate effect of rendering the pupils nearly clear, the capsules being lacerated and removed from the axis of vision. Belladonna to be kept constantly applied as usual.

Jan. 3, 1842. No inconvenience resulted from the last operation; sight is evidently much improved as the child takes notice and grasps at anything held before him; the pupils are now clear, except that

at the outer margin of that of the right eye there is a very small portion of capsule visible, but which it is plain cannot interfere with vision, and will probably entirely disappear in a short time.

There appears an obvious advantage in operating on children, affected with congenital cataract, at a very early age, inasmuch as, if delayed even a few months, the peculiar oscillatory movement, so constantly seen in persons born blind, is almost sure to be established—a condition which is very difficult to conquer, and which there is reason to believe is an impediment to vision. Strabismus is also less likely to come on when the operation is early resorted to, and the absence of both these phenomena in the latter case, renders it an interesting contrast to the former. Indeed, in the younger, the vision is evidently now much better than in the older subject, although the latter was first operated on, and this being so much older, might be supposed to be more intelligent, and therefore more capable of noticing objects than the other.

## MEDICAL REFORM.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—The subject of medical reform is of so vast importance, and it is so highly necessary that we should agree among ourselves upon a measure that would have for its object the promotion not only of our interests, but also of our respectability, that I shall offer no apology to your readers for introducing to their notice the following remarks.

I am truly rejoiced to see the unanimity so happily subsisting on the subject of a fair and honourable remuneration for professional skill, which, though attended with much difficulty, is by far the most important of all. I cannot, however, yield my opinion that the medical practitioner should give up the dispensing of his prescriptions, although he still might have such that might be required in the night or on an emergency; but I would reduce this stock to a mere family medicine chest. If, however, I should be wrong, I will willingly give up my favourite hobby; I would lay the foundation, leaving wiser heads to direct the building; but let us be decided, let there be no division among ourselves, for the profession has long painfully felt the truth of the wise man's saying, that a house divided against itself cannot stand. Mr. Johnson, in his reply to my last letter, says that this plan would be attended with great inconvenience, as the druggist's shop might be many miles distant; so far from this being the case, I think it would be most convenient; for the medical man could then order, as he went along, the medicines necessary for his patients, and they would obtain them with greater facility from a shop than they could from his house, where they might be kept waiting hours while he rode many miles distant to finish a long country round. Few of us country practitioners are sufficiently rich to afford to keep an assistant. What a saving would it be to the weary and wet practitioner, after a ride of many miles, if, instead of being obliged to dispense all his medicines together, he could come and repose his limbs, and know that the medicines he had ordered could be had without difficulty or delay, perhaps from his next door neighbour. This plan also would weed the profession of many who, in the heyday of youth, entered it, but who, alas! are compelled, from inability to finish their studies, to take the situations of dispensing assistants, and who rush in crowds to our surgeries, on every vacancy, offering their services for that poor remuneration—nothing!

This is the crying evil of the apprenticeship system, which ought immediately to be abolished; here would be the remedy, for these objects of pity would have employment in a respectable trade, without the heart-



rending struggle for a profession they have not the means of attaining. I am also of opinion, that any locality which is capable of supporting a medical man, will equally well maintain a druggist; for even now, in the country, this trade is combined frequently with another. In my last I spoke of the expense of dispensing; let us look over our files at our drug bills (buying pounds and dispensing grains), phials, paper, corks, to say nothing of the expense of the assistant or apprentice, the errand boy, &c. Are not all these things expensive? Would it not be an addition to our domestic comforts, that no hireling was present at our meals—that we were no longer obliged to retain one whom we could ill afford to keep? Would not this be a great saving, not only in comfort, but expense? I shall not dwell on Mr. Johnson's remark, in regard to the accuracy of dispensing and quality of the drugs supplied by the druggist, for the practitioner would be negligent indeed who did not inspect the shop from which his drugs were supplied.

There is one subject which has, as far as I can learn, hitherto escaped the attention of writers on medical reform. I allude to the highly reprehensible practice of medical men in London and the larger towns keeping what is called "open shops," in which diplomas, and all the attractions of glitter, gas-light, and gilding are ostentatiously paraded. Is not this a degradation to the profession? A member of a royal college, a man of talent, a gentleman, selling a pennyworth of jalap over a counter! How are the mighty fallen! How are the public to discriminate between them and the druggists, since both parade in their windows "Advice Gratis?" I firmly believe we have brought this evil upon ourselves; we gave them the first blow, and they have returned it with interest. The profession will never be respected or respectable, till this system is put down. There is an evident break down in the "*pill and draught*" system; but why insist so much on dispensing as to offer to do it gratis? What! give a half-crown for nothing? No! give your advice for the half-crown, and let them get the "*bottle*" at the druggist's.

Fearing to intrude too much on your valuable columns, I conclude for the present,

And subscribe myself,

Your constant reader,

JAMES TUNSTALL, M.D.

Dawlish, Devon, Dec. 20, 1841.

## PROFESSIONAL ETIQUETTE.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—In the present state of the profession, and when its amelioration is so much a subject of consideration, I deem it due, alike to my professional brethren and myself, to submit the subjoined statement of *facts* to the readers of your extensively circulated and valuable periodical, and purposely abstain from the expression of any opinion or feeling on the subject, being perfectly satisfied to leave it altogether to the good feeling of yourself and the profession, to comment upon its character.

On the 23rd December, between the hours of 12 and 1, p.m., I was called upon by a gentleman who took me in his carriage to visit a lady, who, he said, had fallen and injured her wrist. On making examination, I found fracture of the radius, about the commencement of the lower third. I was preparing to adjust

it, when Mr. Nesham, a surgeon of long established and extensive practice in this town, arrived, and who, at my request, gave me some assistance in bandaging the arm. When we had finished, he said "Now Mr. Maughan, I leave this case with you." Upon arriving at the door, I asked him if he was the medical attendant of the family, to which he replied, "Oh! no; they are quite strangers to me;" but, as this is an awkward case, I shall be happy to render you any assistance which lies in my power. I thanked him for his kindness, and said, as I should have to visit my patient in the evening, I should be glad to see him at that time, if perfectly convenient; to which he readily assented, observing that, if he was prevented coming himself, his partner, Mr. Annandale, would do so in his stead. Six, p.m., was the hour fixed; I was punctual to my appointment, and on entering the drawing room, was surprised to find Mr. Annandale with the bandages and pasteboard splints which were applied in the morning removed from the arm. There was also present Dr. White, a physician of considerable practice here. As soon as I entered, Mr. Annandale very coolly remarked to me, that he had been informed by Mr. Nesham, that I had discovered a fracture in the morning, to which I assented. After examining the arm for some time, he (Mr. A.) observed to Dr. White, "Here it is" (the fracture). Almost immediately after the arm was bound up again (in which operation Mr. A. took a prominent part); he and Dr. White left the room together, whilst I remained a minute or two, to give directions to my patient. On going down stairs I observed Dr. White and Mr. Annandale talking together in the passage; as soon as they saw me, Dr. White turned round and passed me hurriedly, saying to me, as he passed, I wish to speak a few words to Mrs. D., (my patient) if you will walk on with Mr. Annandale. When we had left the house, Mr. A. remarked to me, that it would be only professional, in case Mrs. D. had a family surgeon, to give her the option of having his attendance on this occasion, which he had desired Dr. White to ascertain for him; if not, to ask which of us two, she wished to attend her, which would save us clashing, as it was not a case to require the attendance of two surgeons. I replied that if Mrs. D. had a family surgeon, I should be happy to resign the case to him as a matter of course, if not, I should certainly consider it to be mine. On calling the same evening on Dr. White, he told me that Mrs. D. had not a family surgeon; that her husband, being absent, she did not know how to act; but that, on his arrival, at home, she would consult with him, and communicate their decision to us the next morning. When I called on Mrs. D. in the morning, I found that Mr. Annandale had been there before me, and she intimated to me that, being an old acquaintance, her husband and she wished him to have the management of the case, expressing at the same time that their decision was not actuated by any want of confidence in my professional qualifications.

To this statement, I have merely to add that, as Mrs. D. had no family surgeon, I being the first who was called to her assistance, considered myself entitled to the charge of the case, and, having been established in practice but one twelvemonth in this town, I conceived that, being deprived of it, thus summarily, was calculated to do me a professional injury.

It is from no vindictive feeling that I have made public the above particulars, but from a persuasion that, if such cases were made known when they occur, they would occur less frequently than they do at present.

I am Gentlemen,

Your obedient servant,

J. B. MAUGHAN, M.R.C.S.L.

Newcastle-upon-Tyne,

Jan. 1, 1842.

## AN ERROR OF MEMORY.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—Would an apothecary be pardoned for his presumption in correcting a learned M.D.? Dr. Fosbroke writes—

“Man convinced against his will  
Is of the same persuasion still.”

If Dr. Fosbroke will look into “Hudibras,” Part III, Canto iii, he will find—

“He who complies against his will  
Is of his own opinion still.”

I am Gentlemen,

Your obedient servant,

FRANCIS DAVIES.

Pershore, Jan. 3, 1842.

## LEEDS DISPENSARY.

We regret to learn that, in consequence of severe indisposition, Dr. Hunter, the senior physician of the Leeds Public Dispensary, has been compelled to resign the post which he has held from the first establishment of the institution some eighteen or nineteen years ago, so much to the satisfaction of the trustees, and to the advantage of the charity. We learn from Dr. Hunter's letter of resignation, which was read at the board on Wednesday, that more than 50,000 patients have been admitted since the foundation of the dispensary, of which number not fewer than 13,000 have been under the Doctor's especial care; a fact from which the public will readily appreciate the value of his services to the institution; and when it is stated that upwards of 3,000 patients per annum are now relieved at a cost of from £500 to £600 a year only, it affords strong evidence of the utility of the charity. —*Leeds Intelligencer*.

## ACCIDENT TO MR. WAKLEY.

An accident occurred to Mr. Wakley, the coroner, on Tuesday last; but we are happy to say that the worthy functionary is not seriously injured. “As he was returning from the St. Pancras Workhouse, where he had been holding an inquest, accompanied by Mr. Erasmus Wilson, a surgeon accoucheur and his clerk, on arriving opposite the Southampton Arms, Camden Town, his horses suddenly took fright, and, turning round into the Hampstead-road, dashed on to the pathway against some palings, and started off at full speed. By desire of Mr. Wakley they all kept their seats, but not without that gentleman thinking that inevitable death awaited them. On arriving, however, at the toll-gate, where two large posts were fixed, the furious animals were stopped by being jammed in. By the sudden shock the coachman was thrown to the ground, but sustained no injury. The coroner's right arm was bruised, but the rest escaped unhurt. The posts were broken down and the vehicle shattered to atoms.” —*The Times*.

## ROYAL COLLEGE OF SURGEONS IN LONDON.

List of Gentlemen admitted Members on Friday, Dec. 31, 1841.

Vernon Francis Eusom, Henry Weld, Henry Newman, Charles Nicol Sissmore, John Leigh, John Humpage, William Chas. Fredk. Brookes, Thomas Leonard.

Friday, January 7, 1842.

John Underwood, John Lindley Murray, Lutley Pugsley, William Shacklock, Norman John Moore, John William Mountgay, George Robert Van Freer, James Harrison, Thomas Selby Little.

## BOOKS RECEIVED.

The Retrospect of Practical Medicine and Surgery, No. IV., by W. Braithwaite, Surgeon to the Leeds Eye Infirmary. London: Simpkin and Co.

Further Observations on Medical Reform, by J. Kidd, M.D., Regius Professor of Medicine in the University of Oxford. London: Churchill.

The Registrar General's Third Annual Report of Births, Deaths, and Marriages in England, with Appendices. London, 1841.

The Quarterly Journal of Meteorology and Physical Science. No. 1.

Recherches sur les Maladies des Organes Urinaires et Génetaux, considérées spécialement chez les hommes âgés, entièrement fondé sur des nouvelles observations, par Auguste Mercier. Paris, 1841.

Lettre a M. le Docteur Civile, par Auguste Mercier. Paris: 1841.

On Rheumatism in its Various Forms, and on the Affections of Internal Organs, more especially the Heart and Brain, to which it gives rise, by Roderick Macleod, M.D., Physician to St. George's Hospital. London: Longman and Co., 1842.

## CORRESPONDENTS.

G. A.—The cause of delay must rest with the Post-office. “The Provincial Medical Journal” is posted every Friday, before five o'clock, to each member of the Association. Although the circulation of the Journal has increased considerably of late, no alteration has been made as to the period of publication.

The Kentish Shylock has been paid his bill of £2 14s. 6d. He would not be put off. Our correspondent should publish the name and address of his medical dun.

The communications of Dr. Hocken, Dr. Knight, and several other correspondents in our next.

Letters and communications have been received from Mr. Allen, Mr. Dodd, Mr. Walker (Manchester), Mr. Hill, Mr. Hamilton, Mr. Ray, Mr. Bulley, A Student of Guy's Hospital, H. M. H., and Amicus.

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## OBSERVATIONS ON THE CLIMATE, TOPOGRAPHY, AND DISEASES OF THE BRITISH COLONIES IN WESTERN AFRICA.

By E. J. BURTON, M.D.,

*Assistant-Surgeon to the 25th Regt., late Assistant  
Surgeon to the Royal African Corps.*

No. V.

### FEVERS OF WESTERN AFRICA.

In my last paper, it was proposed to divide and name the fevers of Western Africa, as follows:—Yellow fever, bilious remittent fever, simple bilious fever, and intermittent fever, in its various types. As this classification differs from that of Mr. Boyle, the only person who has given anything like a correct description of the fevers of the country, it is necessary to observe, that no grounds exist for the division of the endemic fever of the climate, into “local bilious remittent” and “climatorial bilious remittent,” according to the proposition of Mr. Boyle. The latter name was given by him to fevers, occurring on board vessels on, or near the coast, but not having had communication with the land. It is true that some slight difference is required in the treatment of cases on board ships, cruising off the coast, if these vessels have had no communication with the shore, or if their crews have not been exposed to malaria; but such cases rarely take place, as fever seldom or ever appears on board a vessel until after the whole, or part of the crew, have been exposed to swampy exhalations on shore, especially up some of the rivers; it must therefore appear evident, that such a division is quite unnecessary, and only leads to that confusion resulting from all cases of too minute subdivision.

It would be out of place, here, to enter into any lengthened discussion, as to whether fever exists as an idiopathic disease, or whether it is always merely symptomatic of local inflammatory action, in some internal organ or organs—as the brain, according to Plouquet, Clutterbuck, &c., or the mucous membrane of the alimentary canal, in accordance with the doctrines of Broussais and his followers. That fever is a disease, strictly speaking, idiopathic, is strongly supported by the circumstance of its being immediately distinguishable from inflammation of any internal organ. Again, if all fevers are merely symptomatic of internal local inflammations, why do phrenitis, gastritis, enteritis, dysentery acuta, hepatitis, splenitis, and indeed all inflammatory affections of internal organs, present symptoms and appearances and require treatment different from those diseases essentially febrile? Or, if fever is produced by a lesser degree of local inflammation than the diseases enumerated above,

why should the lesser local affection produce a much greater degree of febrile action and general constitutional derangement? That fevers are often, indeed nearly always, complicated by inflammatory action, or perhaps it might be more correctly expressed, derangement of some internal organ or organs, is known to every person who has treated the disease, and that febrile action, of more or less intensity, usually accompanies the internal phlegmasia, is equally true, but in the present state of medical knowledge, it must be allowed, that fevers of various kinds exist as essential idiopathic diseases, wholly independent of, though often accompanied by, inflammatory action, or irritation of internal organs.

It was perhaps necessary to premise the above observations, as there are no fevers which, during life, more strongly support the theory of febrile diseases, being always the production of internal local inflammation, than those at present under consideration; it is indeed a rare occurrence to meet a case of “African fever,” uncomplicated by inflammatory symptoms of either the stomach or brain. Post-mortem examination, however, goes far to subvert the theory, which the symptoms during life seemed so strongly to support, as in many cases, where the local inflammatory action appears to run highest during life, no signs, indicating the pre-existence of inflammation, can be discovered after death. In many cases, where irritability of the stomach, amounting even to black vomit, had existed during life, the mucous membrane of the stomach has been found pale and blanched, and the same remarks apply to those cases, the symptoms of which would lead to the supposition that inflammation of the brain had been present. I shall now pass on to the consideration of “bilious remittent fever,” as it appears on the West Coast of Africa.

By remittent fever is generally understood a disease, having well marked abatement or diminution of symptoms at certain intervals during the progress of the fever; this however, is not a strictly correct definition of the disease in question, as in the majority of cases, especially if the attacks are of unusual severity, no abatement is observed, at least none amounting to a remission; there is nearly always an increase of febrile action during the day, usually commencing at noon, and an alleviation of symptoms generally takes place in the morning, continuing during the forenoon, but this is observed in all fevers, even in those of acknowledged continued type. There are, however, some cases in which well marked remissions occur, especially on the third day, when the diminution of the symptoms is such, that the patient feels well enough to rise from bed. Although the name at present employed to designate this fever is not strictly speaking correct, it would perhaps be extremely difficult to find one wholly free from objection.

The disease at present under consideration is the

endemic fever of all tropical countries, occurring sometimes, though not often, in northern climates, during an unusually hot autumn. It is met with in the West Indies in a severe form, in the East Indies in a milder type; it is productive of considerable mortality in our colonies of Demerara, Berbice, and Honduras; it commits considerable ravages in some of the southern parts of the United States, and has sometimes appeared in an extremely severe form in some of the Spanish provinces; in all these countries it presents nearly the same form and symptoms, but in no country has it committed such ravages, or appeared in so aggravated a type, as on the West Coast of Africa. A more treacherous fever than the bilious remittent of this country cannot be conceived; when it commences in an apparently mild form, greater

danger is to be apprehended than when it sets in with high febrile action, and apparently severe symptoms; and sometimes when the patient seems to be going on in the most favourable manner, he is suddenly, without any obvious cause, attacked with symptoms denoting the greatest danger, and requiring the utmost energy for their removal. It has been previously stated, as almost impossible for persons to escape an attack of this fever during the first rainy season, subsequent to their arrival upon the coast. The annexed table, showing the strength, number of fever cases, and deaths in the Royal African Corps, during the year 1825, will strongly support this position, and at the same time give an idea, by no means exaggerated, of the frightful suffering and mortality occurring from this fever on the West Coast of Africa.

Stations.	First Quarter.					Second Quarter.				
	Strength.	Treated.	Died.	Deaths to Cases treated.	Deaths to Strength.	Strength.	Treated.	Died.	Deaths to Cases treated.	Deaths to Strength.
Sierra Leone . . . .	138	—	—	—	—	289	46	13	1 to 3.61	1 to 22.2
Gambia . . . . .	—	—	—	—	—	140	3	—	—	—
Isles de Los . . . .	108	—	—	—	—	106	5	2	1 to 2.5	1 to 53

Stations.	Third Quarter.					Fourth Quarter.				
	Strength.	Treated.	Died.	Deaths to Cases treated.	Deaths to Strength.	Strength.	Treated.	Died.	Deaths to Cases treated.	Deaths to Strength.
Sierra Leone . . . .	585	386	161	1 to 2.39	1 to 3.63	522	146	37	1 to 3.94	1 to 14.1
Gambia . . . . .	108	92	74	1 to 1.24	1 to 1.45	112	89	60	1 to 1.47	1 to 1.86
Isles de Los . . . .	103	99	23	1 to 4.3	1 to 4.47	75	120	7	1 to 17.1	1 to 10.7

From the above table, drawn up by Surgeon Ferguson, of the Royal African Corps, it will appear that in a regiment never exceeding 796 men, there were treated in one year 986 cases of fever, and of these cases 377 died, giving a mortality of nearly one half the total strength from one disease alone. Although authorities might be multiplied in proof of the extremely dangerous and fatal nature of the fever in question, one extract only, from the report of a medical officer of talent and high standing in the service, will be given. These reports were made about sixteen years ago, but recent events upon the coast fully prove that the climate remains the same, and that Europeans cannot approach these regions of malaria without exposing themselves to the greatest danger. "The arrival of twelve sergeants," says this officer, "forms a striking feature in the events now under consideration, and affords a gloomy illustration of this deleterious climate. They were selected from the detachments at the Isle of Wight; men of good character; their conduct, at least, when on this coast, was as exemplary as could be expected from men of their class in society. Some irregularities, of course, occurred; but had they been sinners above all sinners, we could not have expected so desolating a retribution. The whole of them were attacked with

fever, and, within a few months after their arrival, eight paid the debt of nature, and only one at present (the sergeant-major) appears fit for duty. The constitutions of the other three are in such a shattered state that plainly indicates an advanced stage of visceral disease. The sickness and mortality amongst their wives and children are nearly in the same proportion." This affords a very fair specimen of what may be expected from the effects of the "bilious remittent fever" of Western Africa, without taking into consideration the many other diseases which attack the European residents. In fact, this is nothing but the process of "seasoning," through which every stranger must pass in a few months after his arrival in the country.

The causes of this disease may be divided into the predisposing and the exciting. The chief predisposing cause seems to be the immoderate accumulation of bile which takes place in the system after a certain residence in the country. Excesses in eating and drinking, derangements of the primæ viæ, and emotions of the mind, may also be enumerated; but these several states seem more or less combined with derangement in the biliary organs. The exciting causes of bilious remittent fever appear to be the same in every country. When a powerful, but more espe-



cially a tropical, sun acts upon a combination of vegetable or vegeto-animal matter and water, it gives rise to what is usually termed marsh miasma, malaria, &c.; and this is the chief, though not the sole, exciting cause of the bilious remittent fevers of these countries. It is, however, not a little curious that the actual existence of such a substance, at least in a tangible form, is still involved in much obscurity; but that marshy places, especially in hot countries, when acted upon by a powerful sun, are capable of vitiating the surrounding atmosphere in such a degree as to produce fever, is universally observed and allowed; and that malaria actually exists in a substantial form, seems borne out by the well-known fact that it is capable of being transported from place to place by atmospheric currents. It most probably exists in some such nontangible form as the subtle aroma, or scent, which exhales from plants and flowers, and, like it, is borne to and fro by the winds, but for purposes far different. Though the chief exciting cause of remittent fever may be said to be malaria, yet this is not the only one; it is pretty generally admitted that exposure to the heavy dews, so prevalent in tropical climates, and to the vertical rays of the noon-day sun, may likewise produce the disease in question. Lunar influence has also been mentioned by writers as one of the exciting causes of tropical fevers; but this must still be considered a matter wanting confirmation. The fevers of tropical countries seem as naturally to assume the remittent, or intermittent form, as those of northern countries do the continued type; and it is most probably in obedience to this law that the fevers of hot countries take on these types, when excited by causes totally independent of malaria, as without the slightest doubt they sometimes are.

The *symptoms* of bilious remittent fevers of Africa are extremely varied, and scarcely ever appear in the same manner, or in the same order, in any two persons attacked. There is, however, a sufficiently well-marked similarity in all cases to lead, after a little experience, to an immediate and correct diagnosis. Sometimes, indeed in the majority of cases, the disease is ushered in by a sudden chill, generally referred by the patient to the small of the back, in some cases extending along the whole course of the spine, and likened to the trickling of cold water down the back. The cold feeling just described sometimes amounts to a complete rigor, but in the greater number of cases the chill is only momentary, and at other times no sensation of cold whatever is felt. The rigor, or momentary feeling of cold, as the case may be, is soon followed by reaction; at first, alternate flushes of heat and cold are perceived; by degrees the skin becomes either moderately or excessively hot; if the latter takes place, the patient feels as if surrounded by furnaces, and tosses about in the most restless manner. There is usually a dizzy feel of the head from the beginning; but as the hot fit advances, headache, sometimes of the most excruciating description, sets in; there is usually a feeling of stupor during the afternoon, at which time the fever is at its height.

The disease sometimes commences with vomiting, generally of bile, either in a moderate or excessive degree; but there is at other times merely a degree of nausea, and in some cases neither of these symptoms appear. At the beginning there is usually a ringing sound heard in the ears; the eyes are dull, and more or less sunken; the conjunctivæ are red, and appear injected; the countenance is expressive of suffering and anxiety; the tongue puts on different appearances in most cases, and usually forms a good indication as to whether the disease is likely to prove severe or otherwise; if the latter, it is at the beginning of the fever white in the middle, and as the disease advances it becomes coated with a brown fur; but if the tongue is red, or coated with a white tenacious fur, with extremely red edges, then a severe and dangerous attack

may be apprehended. Sometimes, during the progress of a dangerous attack, the tongue becomes dry and black. No symptom portending worse consequences than this can show itself; but, happily, even under such discouraging circumstances, the case is not to be considered as necessarily fatal. There is usually an unpleasant feeling at the pit of the stomach; sometimes a burning sensation is complained of; in other cases it amounts to a feeling of pain, especially on pressure. The bowels are nearly always extremely costive, though the disease is now and then ushered in by bilious dejections. The urine is high coloured and scanty; in some rare cases there is frequent and painful micturition, evidently depending on irritation or subacute inflammation of the mucous membrane of the bladder. The thirst is in most cases excessive; some patients will swallow gallons of fluid in the course of the twenty-four hours. Pains in the different muscles are often felt; but few cases are unaccompanied by great pain in the joints, and those of the knees seem to suffer most. Sometimes delirium appears in a few hours after the commencement of the attack. There are, however, few patients who pass through the disease without being more or less affected with this disagreeable symptom at some period of the fever, especially during the night. When it occurs only at night, it is a combination of delirium and unpleasant dreams, extremely annoying and fatiguing to the sufferer. If delirium appears during the day, it is fierce, and attended with much greater excitement and mental aberration. In some patients the disease sets in suddenly and violently; sometimes the actual period of invasion cannot be ascertained with any degree of precision. In these latter cases the person feels for a day or two a certain degree of languor and lassitude, with feebleness of the lower extremities, especially from the knees downward, and partial loss of appetite. These symptoms become gradually increased, and finally so aggravated that the patient is obliged to keep his bed, and a regular attack of fever sets in.

In the beginning of the disease there appears very little alteration in the pulse; but when the febrile symptoms become fully developed, it is either quick, full, and bounding, or exceedingly quick and hard; at other times it is only accelerated and full. The state of the pulse, however, depends more on the constitution and temperament of the person attacked than on the comparative severity or mildness of the case. The symptoms described may appear either in a mild form at first, and afterwards become partially or greatly aggravated, or they may from the first set in with the utmost severity. In some cases the irritability of the stomach increases to such a degree, that matter, strongly resembling the "black vomit" in yellow fever, is thrown up, and frequently a yellow tinge of the skin, chiefly about the neck and chest, is perceived. It is necessary, therefore, to bear in mind that there are two ways in which this fever commences. The first is where it sets in with violent symptoms, accompanied by great heat of skin, headache, delirium, &c.; this may be denominated the tangible form, and is certainly the least dangerous, if promptly and energetically treated. The second is when the symptoms are all more or less obscure, there is but slight heat of skin; when the hand is applied there is a feeling of dryness rather than heat. There is a constant dull pain in the head, scarcely amounting to headache; no delirium is present, but there is slight confusion of ideas during the night. The tongue is usually, in this form of the fever, red, or the edges are very red, and the middle of the tongue is white; in fact, all the symptoms of fever are present, but in so low and obscure a form that the nature of the disease might be mistaken until too late. This is decidedly the most dangerous kind of fever, and may be called the obscure form.

The *diagnosis* in this complaint is sufficiently easy,



but at the same time it must be borne in mind, that it is of the utmost importance to ascertain, immediately, the presence of the disease, as every moment is valuable; and the sooner the treatment commences, the more likely it is to prove successful. If the patient has never had an attack of African bilious remittent fever, or, in other words, is unseasoned, and if it is during the rainy season, then by attention to the symptoms before mentioned, it is easy to ascertain the nature of the disease, as taking into consideration the time of the year, and the circumstance of the patient being unseasoned, it is more than probable that fever is about to set in. If it is during the dry season, the diagnosis will be somewhat more difficult; should it, however, be found, on strict examination, that the patient has been exposed to any of the causes capable of producing the disease, and if several of the symptoms before described are present, no doubt for a moment can exist, and fever may be pronounced as the disease under which the patient is labouring. There is no disease with which it can be confounded, except, perhaps, with the "simple bilious fever," or ague, and these do not take place until after the person has had an attack of bilious remittent.

*Prognosis.*—The bilious remittent fever of Africa must always be considered an extremely dangerous disease; its great fatality has been before spoken of; much, very much indeed, will depend on the treatment adopted, and more, if possible, will depend on the attention of the physician. It is of the greatest importance to commence the treatment in the most energetic manner from the moment the fever declares itself. The life of the patient is in the hands of the medical attendant; for, if the first few days of this important time, every moment of which is of the utmost value, be lost, or trifled with, the patient's fate is sealed—his doom is fixed. The treatment which will be hereafter given, having proved extremely efficacious, indeed, the success attending it has been uniform, not one case having proved fatal, the writer of these papers is, therefore, inclined to form a much more favourable prognosis than the previous mortality would have justified.

*Post-mortem Appearances.*—It is to be regretted that pathological researches have not thrown much light upon the nature and treatment of this disease; it is true that, in some cases, appearances and changes in structure have been found, which might have been anticipated from the previously existing symptoms; but it must be considered as not a little extraordinary, that, in these instances, where the symptoms—such as violent headache, delirium, great irritability of the stomach, with vomiting, amounting nearly to black vomit, would have led to the supposition that much structural derangement had existed, the post-mortem examination gave no evidence whatever of organic change. Must not the symptoms in such cases be attributed in a great degree to nervous influence? The vessels of the brain are found, in some cases, preternaturally distended, and gorged with blood; and serum is sometimes found in the ventricles. The stomach often appears unusually vascular, and sometimes patches of red are perceived; but in some cases, even where great irritability had existed during life, the internal surface of this organ is paler than when the patient had died of disease, altogether unconnected with inflammatory action. The liver is, in the majority of patients, not much changed, unless the person had resided for some period in the tropics, or had led an intemperate life, when it may be found enlarged; it is sometimes softer than in its normal state; the gall bladder is usually filled with thick viscid black bile, and it has been found empty also. If the patient has resided for any considerable time on the coast, the spleen will be found somewhat enlarged, and soft; but this viscus seldom attains any great size, until after the person has had a few attacks

of intermittent fever. A red patch not unfrequently surrounds the entrance of the gall duct into the duodenum, and ulceration of the mucous membrane of the intestines is sometimes met with; but this last symptom, when it exists, seems to depend more on the broken down constitution of the patient, and can scarcely be accounted a morbid appearance produced by the disease. The bladder is generally found empty, and its mucous coat of a reddish colour; this appearance must be attributed to the acrid nature of the urine, which is secreted during the progress of the fever. In my next paper I shall discuss the treatment of bilious remittent fever.

## CONTRIBUTIONS

TO THE

## PATHOLOGY OF CHILDREN.

By P. HENNIS GREEN, M.B.

### ANOMALOUS AFFECTIONS OF THE BRAIN.

CASE I.—Julienne Dujardin, a child, 10 years of age, was admitted into the Children's Hospital, on the 25th of June, 1834. The parents of this child were strong and healthy, but she herself was of weakly constitution. From the age of six years up to the present time she has suffered from pain in the forehead, recurring at irregular intervals with very great severity and then disappearing for a time after prolonged sleep. The attacks of headache continued from two to twenty-four hours, and frequently ended in bleeding from the nose. These symptoms continued during four years, and then disappeared about the month of October, 1833; but on the following November the child was seized with a very remarkable affection; every morning regularly, either the left arm or the left leg was seized with complete paralysis; some slight spasmodic movements first occurred, and then the limb would become quite powerless. These periodical attacks would continue for about eight minutes, after which the paralysis would disappear and the child be restored to complete health.

On February 8, 1834, a physician was called in; he ordered the sulphate of quinine, in ten or twelve grain doses, during the intervals of attack; this treatment seemed to produce considerable effect; the symptoms of paralysis (*viz*, the flaccidity and loss of motion of the muscles) were slighter and of shorter duration. In order to break up the periodicity of the attacks, and replace the epistaxis, which had been suspended for some time, the medical attendant now ordered three leeches to be applied behind each ear; the leeches had scarcely fallen off when the upper and lower extremities were seized with paralysis; the power of speech was lost, and deglutition was impeded, but the intellectual faculties remained unaffected.

M. Fourcault, the physician in attendance, did not see the child for a few days; he then found the face pale; there was no pain or heat about the head; the pupils were dilated and sluggish; the paralysis occupied the four extremities, and was extending to the muscles of the pharynx; although the child was unable to articulate, yet the motions of the tongue were perfectly free; the pulse was slightly accelerated, and the respiration natural. Blisters were applied to the limbs and to the back of the neck.

Towards the end of February the lower extremities had partially recovered the power of motion, but the arms and muscles of the pharynx were still paralysed. Being desirous of applying a blister immediately on the scalp, M. Fourcault had the child's head shaved in his presence, and was astonished at its remarkable size; on measuring it he found that it was very nearly as large as the head of the mother; the sutures, however, were all closed, and the fontanelles were nearly



ossified. Blisters were now repeatedly applied to the head, and croton oil was administered in the dose of two, three, or even four drops, during the day. By the latter means the bowels, which had been obstinately constipated, were moderately relaxed. Large doses of the nitrate of potass produced copious secretion of urine.

This active treatment was continued during a month, when the power over the lower limbs was completely restored and the arms had slightly recovered; but the loss of speech and the difficulty of swallowing continued unchanged; the volume of the head, however, was evidently diminished, and, in comparing its present circumference with the former measure, a difference of three lines was found to exist between them. Although there was considerable difficulty of deglutition, the patient cat her food with avidity; the functions of nutrition were undisturbed; the child slept well, and made no complaint. In this state she continued up to the 10th of May, when M. Fourcault (from whom the preceding history was obtained) lost sight of her.

Since May the child had several attacks of an epileptic nature, with complete loss of consciousness, rigidity, and spasm of the muscles; the attacks came on irregularly, and she had one on the day of admission into the hospital.

June 26. On examining the child to-day, the following particulars were noted:—The head and spine well-formed; the face rather flushed; no headache; all the senses perfect; pupils moderately dilated, and sensible to light; complete loss of speech; the child can only answer by signs; the power of moving the tongue is now completely lost; there is no deviation of the mouth; the sensibility and motility of the left arm are diminished; the lower extremities are unaffected; mastication and deglutition very much impeded; the child can only swallow fluids, and whenever she attempts to eat, the food, mixed with saliva, is constantly escaping from her mouth; there is no vomiting or diarrhoea; pulse regular, 96; respiration, 24.

During the six weeks that this patient remained in hospital, her symptoms continued without the slightest change; the means of treatment employed consisted in the application of setons to the neck and of issues behind the ears, and the use of purgatives. Nothing, however, produced any effect on the disease. Towards the end of August, strychnine was given in doses gradually increased to one half a grain, but without advantage, and the child left the hospital in exactly the same state as she was on the day of her admission, except that the epileptic attacks had not returned.

CASE II.—A. Delorme, seven years of age, was admitted into hospital on the 9th of April. When five years old the child had received a kick from a horse, which occasioned compound fracture of both bones of the forearm, and confined him to bed for five months; he was afterwards attacked by cholera. Early in the year 1833, the child began to complain of headache; he became dull, disinclined to play about, and was occasionally very sleepy. In March the intellectual faculties were for the first time attacked; they became feeble; the child was unable to articulate sounds distinctly, and progression became uncertain, the child often tottering on his legs like a drunken man.

April 10. On the day after his admission, the child presented the following symptoms:—Head considerably flexed to the right side, with spasmodic contraction of the muscles on the right side of the neck; face flushed; articulation of sounds extremely imperfect; when asked to point out where he suffers, the child indicates with his little hand the occiput; pupils very much dilated, and sluggish; upper extremities unaffected; lower extremities paralysed, but the

sensibility is unaltered; tongue natural; deglutition not impeded; no nausea, vomiting, or diarrhoea; belly free from pain; bladder much distended with urine; skin cool; pulse, 126; occasional cough, with mucous rale over both sides of the chest. Twelve leeches were applied behind the ears; a purgative enema was administered, and sinapisms were applied to the legs.

On the 11th no change worthy of notice had taken place: the child had vomited once, and passed a copious stool after the enema. The bladder was emptied with the catheter, and a blister was applied between the scapulae.

12. The child now lies on the abdomen; the eyelids are firmly closed, and the eyes very sensible to the light; articulation of sounds still more difficult; evacuation of urine and faeces involuntary; pulse, 150; respiration, 32. Eight grains of calomel were given in two doses; and sinapisms were applied to the legs.

13. Voice now completely extinguished; face red; muscles of the right side of the neck and face contracted; lower extremities completely paralysed; the sensibility diminished on both sides of the body; respiration stertorous; has vomited thrice, and passed one fluid stool; pulse, 136; respiration, 40. To have ten grains of calomel, and a seton to the neck. While the latter was being inserted, the child gave no sign of sensibility.

14. The child is remarkably improved this morning; he now answers, though with difficulty, some of the questions addressed to him; evacuation of urine no longer involuntary; cutaneous sensibility less dull; respiration has become sighing, instead of stertorous; no vomiting; no stool; pulse, 128; respiration, 32. To continue the calomel.

15. The pupils are now natural; the child speaks much better; no headache; cutaneous sensibility restored; the patient can now move the lower extremities pretty freely; he has vomited once, and passed three fluid stools. To have infusion of arnica. The condition of the little patient rapidly improved from this time forward. On the 22nd he was able to walk to the close-stool without assistance; and on the 3rd of May he left the hospital, completely restored to health.

CASE III.—François Challot, 10 years of age, came to the Children's Hospital, on the 19th of October, 1832, to be treated for nervous tremor of the muscles of the left side of the body.

The persons who accompanied the child informed us that no members of his family had been subject to nervous disorders, and that he enjoyed, himself, excellent health. About ten months previously the child had been admitted into the Hotel-Dieu, in order to have a small tumour removed from the back of the left scapula. Shortly after the removal of the tumour he was seized with tremor of the left arm; and the left leg was soon affected in a similar manner.

On admission into hospital it was found that not only the muscles of the left arm and leg, but those of the eyelids, face, and neck, on the left side, were affected with nervous tremor; while the right side was perfectly intact. The intellectual faculties, so far from being impaired, were highly developed in proportion to the patient's age; the child did not complain of any pain about the spine or head, and there was no loss of muscular power, although every moment was accompanied by the peculiar trembling; the tongue was clean; the bowels regular; and the digestive organs in a healthy state; skin cool; pulse 76. The treatment employed consisted in the administration of purgatives, antispasmodics, and cold baths; these means seemed to produce some benefit; a slight degree of tremor, still, however, continued. During the months of November and December, sulphureous baths were tried, without any decided effect; and the child was sent home, with directions to return in spring.



He returned on the 52nd of April, with the same degree of nervous tremor on the left side of the body, as when he was first admitted. A small tumour was now observed nearly in the same situation as the former one; some obscure sense of fluctuation was noticed, and the tumour was punctured; a small quantity of serum, mixed with adipose flocci, came away. This operation, also, aggravated the disease in a very remarkable manner; the tremulous motion of the left arm, especially, was constant and excessive. Sulphureous and cold baths, valerian, oxide of zinc, and various other remedies were now employed, but without the slightest benefit; and the little patient returned to his friends on the 18th July, in a much worse condition than when he came into hospital, nearly a twelvemonth before.

#### REMARKS.

Although so much has been done within the last few years to render the diagnosis of diseases of the nervous system more clear and certain, still it must be confessed that many cases will occur in which it is impossible or extremely difficult to connect symptoms with lesions, or, in other words, to determine upon what precise alteration of structure in the nervous tissue the various nervous symptoms depend.

In the cases which I have just related, this difficulty exists in a very high degree. The case of Challot (Case III.) presents an example of that peculiar affection which I believe that I have been the first in this country to describe under the name of "nervous tremor of children." The trembling, in cases of this disease, somewhat resembles the *paralysis agitans* of old people, but the force of the muscles is not diminished; the movements, like those of chorea, are involuntary, but they never present the irregularity of motion observed in chorea, being rather marked by oscillations from side to side, or from above downwards. The causes of the disease are very obscure; in one case which I have seen, however, it could be traced to fright, and in a second it seemed to have been connected with the action of lead. In the case of Challot, related above, the removal of a small tumour from the back of the scapula appears to have been the exciting cause of the disorder. I have had only one opportunity of examining the body of a child who died while labouring under nervous tremor: the little patient was cut off by measles. The brain and spinal marrow were examined with the greatest care, but no lesion of even an insignificant nature could be discovered.

In the case of Dujardin we have an example of much severer disorder of the nervous system, to the material cause of which it is by no means easy to ascend. The disease was not chronic meningitis, nor tubercle, nor chronic softening of any portion of the brain. The progress of the symptoms, as well as the symptoms themselves, was altogether anomalous. We first have severe fits of headache, which continue for such a length of time as to justify the idea of some organic lesion within the head. These accesses suddenly disappear, and are replaced by what may be termed fits of paralysis, which last about eight minutes, and return regularly every day. Six leeches are now applied behind the ears, and the child not only becomes permanently paralysed, but loses the power of articulation, although the movements of the tongue remain free. The augmentation of the volume of the head is a symptom worthy of

notice, and might have lead to the idea of hypertrophy of the brain, were it not that the disease continued unabated after the head had been nearly restored to its normal volume.

In the early history of Delorme's case we likewise find many symptoms which seemed to point to organic disease of the brain—viz., headache, change of temper, weakness of the intellectual faculties, embarrassment of the speech, and difficulty of progression. These were soon followed by other signs of apparently equal significance: the neck was stiff; the pupils were dilated, and, as in the case of Dujardin, the power of speech was lost. The permanent paralysis of the lower extremities, however, was a symptom which does not belong to organic diseases of the nervous centres in children; and that the disorder depended on some functional derangement, was shown by the rapid manner in which the little patient was restored to complete health.

London, Jan., 1842.

#### CASE OF SUCCESSFUL AMPUTATION

IN

#### SPREADING GANGRENE.

By A. T. S. DODD, Esq.,

Surgeon to the Chichester Infirmary.

The question as to the propriety of amputating in spreading gangrene is at present much nearer to a satisfactory solution, than it was some few years since. When M. Larrey gave his decided testimony in favour of the prompt performance of the operation in cases of traumatic gangrene, as soon as the necessity for it was clearly established, his opinion was in opposition to all the generally received doctrines, and since that time it has been but slowly received in this country, though at present the evidence of Mr. Lawrence, Dr. Hennen, and Mr. Hawkins, among many others, goes far towards settling the debated point. Still, however, as we must consider this as a matter as yet sub-judice, I think the evidence of one case may, without impropriety, be thrown into the scale.

The fact seems to be that, on the subject of amputation in general, we are yet in want of a sufficient body of evidence to determine in any satisfactory degree, the limits and the legitimate extent of application of this important operation. The instructions given by our best authors are, when brought to practical application, exceedingly vague and unsatisfactory; they generally lay down rules only for cases of an extreme nature, in which the common sense of the practitioner would be almost a sufficient guide by itself. But the merits of the operation are by no means to be correctly judged of in this way; nor will these instructions form a guide to be relied on, in a numerous class of cases, when the surgeon is anxiously seeking for instruction, and an opinion to share with him the serious responsibility of a decision which involves the fate, either of the life, or the limb, of a fellow creature. In almost every case which may place him in this very responsible situation, he will look in vain for anything like a staff upon which he may confidently rest; and he is, therefore, obliged, with the help of general directions, to form a decision from his own experience, and if this has not been extensive, the hit must be made at hazard in a considerable degree, or at least, without the satisfaction and confidence that a scientific and experienced guide might afford.



It is, of course, evident, that I here refer chiefly to junior surgeons, and particularly to those practising in the country, though I may be allowed to add, that few have attained that confidence in their own power, nor need any desire it, that they are not glad upon these interesting and important occasions to call in the aid of an opinion and advice which they can rely upon.

Under these impressions it was my intention to have attempted, in some degree, to have supplied this deficiency, by collecting the experience of our most approved surgeons of the present day, and endeavouring, from the general result, to draw some definite and satisfactory conclusions on this practical point. This plan I have already begun upon, and though other and necessary occupations have prevented my preparing the article for the present volume of the Provincial Transactions, I hope to be able to complete it for the next (and I have gone no further). At present I must content myself with the relation of the following case which, as it presents some interesting features independent of the question immediately before us, I shall not hesitate to give entire:—

Charles Shotter, aged 33, a gentleman's coachman, had always been very healthy till about eighteen months since, when he had a severe attack of fever, since which he has never been hearty; was admitted to the Chichester Infirmary, March 14, 1833. His hand had been caught in a chaff-cutting machine, which sliced it through, obliquely, a little below the back of the wrist joint, but not dividing the soft parts in the palm, and leaving the thumb and little finger entire, except some slight laceration of the skin; the carpal bones, and metacarpal, were cut through in the same oblique direction; the great artery of the thumb was uninjured, and only the *arteria radialis indicis* bled at all profusely, and this was accordingly tied. There had been some considerable hæmorrhage before his arrival at the hospital, but not much after he was admitted; indeed, as all the larger digital branches from the palmar arch were divided by the accident, I was surprised to find so few bleeding.

As this was a simple case of incised wound without contusion, and as the saving of a thumb and little finger would be a desirable object to my patient, I determined to try to do so in preference to amputating the hand, and I therefore turned back the integument of the palm, so as within a little to meet those of the back of the wrist, and kept them in their place by sutures and adhesive plaster.

All things went on well till the fourth day, when violent inflammation took place at the wrist and forearm, which obliged me to take off the strappings. The report on the 22nd of March is—There is a good deal of suppuration in the hand, and of inflammation up the arm; countenance distressed; pulse quick, weak, and irritable; stump looks pretty well, except that the granulations are flabby; there is a dark-coloured spot on the fore part of the arm above the wrist.

23. Had a comfortable night; pulse 100; inflammation of the arm rather less; suppuration free; countenance anxious; tongue brown; a large gangrenous vesicle upon the discoloured spot.

In this stage of the case the question of amputation was not entertained, because, the inflamed state of the forearm would not permit its performance to save the elbow, and I was unwilling to give up hopes of doing this, by subduing the inflammation which was the cause of the incipient gangrene. On the next day, however (24th), I found that the vesication had spread, and that the peculiar hard swelling accompanying gangrenous inflammation occupied the whole forearm, while emphysematous crepitus could be felt, even to about a third of the lower part of the upper arm. There was no line of demarcation in the skin; indeed the integuments of the whole limb about the lower third of the forearm were only

inflamed, not gangrenous, though from the hardness, swelling, and emphysema, I could not doubt that the gangrene had spread along the cellular texture. The patient made little complaint; pulse 93; countenance much distressed. This being the state of the case, there was an immediate necessity for deciding the question, whether it was better to wait any longer in the hope of a line of demarcation taking place, or remove the limb at once, and trust to the hope of thus putting a stop to the destructive progress that was going on rapidly. With the consent of my colleagues I decided upon the latter plan, and removed the limb at the middle of the upper arm by the circular operation. The only remark that I would make on the circumstances of the operation is, that in dividing the muscles, they retracted little or nothing, either at the time or afterwards; they were slightly dark-coloured, but otherwise all the parts cut through had a perfectly healthy appearance. Not more than half a pint of blood was lost at the time of the operation. Three hours afterwards the patient was quite comfortable. From this time he went on extremely well, with the exception, first, that on the 28th the integuments of the stump underwent a smart attack of inflammation, which yielded to one application of leeches; and secondly, that for about three days after this, several sloughs of cellular texture passed into the dressings, leaving a large cavity, which, however, soon filled with granulations. These accidents of course retarded the case, but he was discharged well on the 26th of April.

#### REMARKS.

This case seems to demand a few more observations from me. In the relation I have said nothing on the subject of the treatment, because this seemed hardly necessarily connected with the object which I had in view in communicating it. I may here mention that the ordinary means of subduing inflammatory symptoms were at first adopted, and the other symptoms were combated as they arose. But one peculiarity worth noticing, as indicating the state of the constitution, was that even when convalescent he could not bear any tonic medicine more active than a mineral acid; anything more than this produced febrile excitement.

It may be a matter of debate with some whether I was justified in attempting to save the hand, as by amputating at first at the wrist I was pretty certain of having the use of the elbow joint and forearm. I have only to answer that, upon mature consideration, and remembering some remarkable instances of the utility of portions of a limb saved, I acted as I did, and (though this adds little to the value of the previous decision) I think I should again take similar steps upon a like occasion.

On the main subject which has occasioned the publication of the present case, my opinions would be of little value when the subject has been so often treated of by the leading men of the profession; I shall, therefore, abstain from offering them except upon one point, which appears to me to have been a good deal, if not entirely, overlooked. In selecting the spot at which the amputation is to be performed, if we trust to the appearance of the integuments, we shall rarely find this a safe guide. Of course I am here speaking of the case of spreading gangrene, where there is no line of demarcation. The integuments are inflamed and discoloured, and the limb considerably swollen and hard to a certain extent; but this does not show the limit of the disease, and if the operation is performed by this indication as a guide, diseased parts will be

cut through and the stump can hardly be expected to do well. But the emphysema, as indicated by a crepitus upon pressure, together with some, often but little, general swelling of the limb, may be traced higher than the external appearances would lead us to expect, and this symptom, the product of gangrenous inflammation going on in the cellular tissue, should, I conceive, point out to us the limits for operating. This proceeding demands an apparently great sacrifice of limb; but as it is an established general axiom in surgery to remove all the disease, it is evident that, if we are to consider the emphysema as a certain indication of the disease in question in the cellular tissue, the only safe plan will be to remove the limb beyond the emphysema. I cannot help thinking that the very frequent ill-success which made such men as Pott and Thompson decide against amputating in spreading gangrene may possibly have arisen from taking the external appearances, as the guide instead of the state of the internal parts, to be discovered by the touch. I am aware that, in a case of Mr. Lawrence's, he divided the parts about the shoulder joint, which were full of emphysema, and the patient recovered; but this only shows what the powers of nature may occasionally do—not what we may safely expect of her; and if we have the option of cutting beyond all feeling of crepitus, I conceive it will be right to do so for the sake of security, though, when we cannot even do this, Mr. Lawrence's case shows us that we need not despair, with a good constitution, of saving the life. The sloughs in my case were, I believe, the results of the attack of secondary inflammation of the stump, and therefore a mark only of the very irritable state of the system, not at all otherwise connected with the previous state of the limb. If, then, I am correct, the emphysematous feeling, not the external appearances, should guide us in the choice for the place for amputating—a point of practice which probably most surgeons are in the habit of attending to, but on which, as I find no directions in our authors, I hope my observations may not be now without value.

## POST-MORTEM EXAMINATION

OF A CASE OF

## SUDDEN DEATH IN A CHILD,

IMMEDIATELY AFTER

## IMMERSION IN THE COLD BATH.

By J. NOTTINGHAM, Esq., Surgeon, Liverpool.

A. Dudding, aged two years and three months, had been unusually feeble from the time of his birth, and at a very early period of life was supposed to suffer from some disease of the brain, which was followed by partial paralysis of one side of the body.

The mother had been advised by some friend to dip the child in cold water, for the purpose of strengthening him. To this practice she resorted, and he had already been immersed on three successive mornings, the 26th, 27th, and 28th of May last, previous to the fatal event we are about to notice.

A small quantity of salt had been added to the water, but not immediately before it was used as a bath, and the vessel containing it stood in the open court-yard adjoining the house, and was exposed to

the rays of the summer's sun, so that the temperature of the bath was by no means very low."

On the 29th of May the mother awoke the child from its sleep in the morning, and immediately dipped it in the water, afterwards wrapping it in a blanket as before; but on looking at the face of the child, she perceived a great change in its appearance, and immediately sent for a surgeon.

My friend, Mr. Atcherly, visited the case, seeing the child about five minutes after it was taken from the bath, when "it was pulseless, pallid, and cold; it gasped two or three times and died."

I assisted Mr. Atcherly in the examination of the body on the following day.

When the cranium, thoracic, and abdominal cavities were laid open, one general observation was immediately inevitable—viz., that the contained viscera were in a state of remarkable hyperæmia, being what is usually called much congested.

We sought, however, in vain for any one organ, to the state of which the sudden death could be attributed. No injury of any particular viscera could be observed, nor was there any ruptured arterial or venous trunk to be found.

The liver appeared to contain a great quantity of blood, and the congestion of the lungs, in every part of their structure, was more strongly marked than was that of the brain.

The blood in the cavities of the heart presented but feeble traces of coagulation.

It is, perhaps, worthy of remark, that the fatal effect of immersion in water in this case took place immediately after the child was awoke from its sleep, or even before the waking was complete.

When we attend to the condition of the system during sound sleep, the remora of blood, if so it may be called, in the great viscera, the warmth of the blanket-clad surface, and the gently perspiring skin, we shall at once have some idea of the effect which the sudden shock of cold water at this time might produce; for the introduction of the body from a rare into a denser and colder medium, the nervous system being of a feeble character, to say nothing of the startling or fear, might be easily supposed capable of destroying so feeble an existence, the blood being driven towards the internal organs, and the previously heated surface suddenly chilled, and thus even greater cold risked from the evaporation in such circumstances likely to take place.

Liverpool, Dec. 19, 1841.

ON THE

## TREATMENT OF PSORIASIS.

By J. TOOGOOD, Esq., Bridgwater.

Diseases of the skin are generally difficult of treatment and obstinate of cure. I have been in the habit of employing a remedy for many years in one particular affection, which is not in general use, with much success. It was first suggested to me by the late Dr. Willan, whom I met in consultation on the case of a gentleman who had been tormented for many years with a disease which had baffled every practitioner whom he had consulted (and they were not few), and resisted all the known methods of treatment. The following case, which I give in the words of the surgeon with whom I saw the patient, will illustrate the particular affection and mode of cure:—

"E. H., a girl about 16 years of age, who had been liable to slight attacks of psoriasis about three years since, after having undergone great bodily fatigue and mental anxiety, became the subject of a much more aggravated form of this disease than I had ever before witnessed. The skin of the arms, legs, and face, was first affected, and it very rapidly spread over the



whole body. The fissures in the bendings of the joints were so extensive that she could scarcely move, and on getting out of bed in the morning the scales fell from her in such quantities that I could easily trace where she had been; and the eyelids were so retracted that she could not close them when asleep. I tried Plummer's pill, hydrargyrum cum creta, with various tonics, in conjunction with liquor potassæ. I then had recourse to liquor arsenicalis, and baths of sulphuret of potash, all of which had not the slightest effect; and the poor girl's strength failed her so fast, that I began to think the disease would destroy her, when fortunately I was induced to consult you, who advised my trying pitch in the form of pills. I did so, giving her at the commencement ten moderate-sized pills three times a-day, and gradually increasing the dose until she took the enormous quantity of ninety pills every day, thirty at a dose. She had not taken the pills more than a week before there was a decided improvement apparent; and in six weeks or two months she became quite free from every symptom of the disease, and has up to this time continued quite well, and, what is most extraordinary, there is not the slightest mark left on the skin.

"North Petherton, Aug. 6, 1840.

"My dear Sir,—I regret very much that I did not make notes of the case which I send you, at the time you attended this patient with me, as I am sure the beneficial effects of so simple a remedy cannot be too widely circulated.

"I remain, my dear Sir,

"Yours truly,

"R. STRONG.

"To Jonathan Toogood, Esq., Bridgwater."

This is not a solitary case. I have witnessed the efficacy of this remedy frequently. The best mode of administering the medicine is in the form of pills, composed of three parts of pitch to one of powdered resin.

## ROYAL BERKSHIRE HOSPITAL.

*Practice of Mr. Bulley.*

### COMPOUND FRACTURE OF THE LEFT LEG, WITH SEVERE CONTUSION OF THE RIGHT THIGH—AMPUTATION.

Elizabeth Read, aged 28, a stout muscular woman, was brought to the hospital in the night of June 27, in consequence of having received a compound fracture of the left leg, with extensive injury to the opposite thigh. The accident had occurred as she was travelling from Bristol to London on the outside of a night coach. The evening being cold, she had been induced to drink more of spirits than she had been accustomed to take, and, becoming intoxicated, she either fell or jumped off the box where she was riding, and both wheels passed over the leg. On examination the bones were found to be greatly comminuted and protruded, and there was great laceration of the skin and muscles. The integument was separated from the fascia underneath, from just above the situation of the fracture to within five inches of the knee joint. The vessels were clearly distinguishable in the wound, detached from the surrounding tissues. The posterior tibial artery had apparently been wounded by some portion of spiculated bone; but it had ceased to bleed (having been judiciously compressed by a medical gentleman who happened to be present), nor was there any pulsation in that portion of it which was exposed. The other arteries were pervious, seeming to pulsate, but, however, feebly, when pressed between the finger and thumb. They were insulated from their cellular connections for the space of about three inches in the wound, and appeared of a dark colour, as if from a congested state of their vasa

vasorum. The foot was not discoloured, nor was there any considerable diminution of its natural heat.

On examining the right thigh, which had been injured by her coming in contact with the step of the coach in falling, there was just below the trochanter major a contused wound, through which protruded a large piece of detached adeps. Above and below this spot, the integument on the outer side of the limb seemed from the feel, to have been separated from the fascia underneath, communicating a crepitating sensation when pressed by the fingers, this sensation diminishing as the fingers approached the knee. The inner part of the thigh was uninjured. There was no great discoloration of the skin round the contused part; pulse 110, feeble, and sharp. Her countenance was anxious. As she could not be brought to consent to the removal of the limb, which was considered unavoidable, and being myself generally averse to hasty amputation, the operation was postponed until the following day at noon. To have thirty drops of the sedative solution of opium at once.

28. The patient has passed a restless night, with some delirium. It has been necessary to use the catheter; slight symptoms of concussion of the spine; reaction to some extent has succeeded the collapse of last night; complains of great numbness and pain in the foot of the broken leg, which has become pale and cold; pulsation, on pressing the exposed arteries, cannot now be felt. The extent of destruction above the fracture has now become defined, marking the exact degree of injury she has sustained.

The limb was removed, about five inches below the knee, by a circular incision, obliquely prolonged downwards over the calf, so as to form an integumentary flap at this part; a triangular portion of the fore part of the divided tibia was sawn off, and the edges of the wound were retained in apposition by three points of the interrupted suture. The cut muscles had a pale and bloodless appearance, and contracted but slightly. She lost very little blood from the operation.

### DISSECTION OF THE AMPUTATED LIMB.

Beyond the appearances of injury described, there was nothing particularly observable, except that the blood-vessels, which had been separated and torn from their connections, had become impervious, owing to the formation of coagula within them.

On examining the right or opposite thigh this morning, it was found that the swelling and general discoloration of the limb had greatly increased. A circumscribed portion of the integument over the upper and outer part has assumed a dark brown dry appearance, like parchment. She complains of numbness at this part and down the limb. A bread and water poultice to be applied.

29. The hardened and discoloured skin has been rendered softer by the poultice, but is indisposed to separate. Solution of chlorate of lime to be added to the cataplasm. She feels excessively languid, and a low typhoid condition of the system seems to be impending. Her bowels have not been moved since her admission; pulse 110, fluttering; tongue brown.

30. The deadened integument of the thigh has become separated, the fascia underneath, to the extent of about the size of a man's hand, having a shining, glossy appearance, and being in a state of slough. The healing of the stump has made no progress; has passed a restless, feverish night; but the bowels have been opened this morning, and she now feels somewhat better; tongue still brown. To have six ounces of wine and a pint of strong ale during the day, and to try and eat a little meat. The opiate to be continued at night.

July 1. The slough upon the thigh has become detached in part; still no appearance of healthy action in the stump; a considerable quantity of pus, which had been confined under the sloughing fascia of the thigh, was discharged. The use of the catheter is not



now required, and the slight symptoms of spinal concussion have disappeared.

2. The poultice, with solution of chlorate of lime, has been constantly used to the slough upon the thigh, which has become entirely detached, leaving a large hollow wound, with overlapping edges, the surface presenting an appearance of slightly florid granulations; the fever has greatly diminished, and she feels better; she manages to eat a little meat. Granulations are now for the first time observable on the surface of the stump; the sutures were removed to-day. She continues the opiate.

From this time she continued, though slowly, to improve in health, the ulcer on the thigh continuing to discharge a considerable quantity of pus daily. Nevertheless, the healing of the stump did not proceed in proportion, cicatrisation being doubtless retarded by the debilitating effects of the constant purulent discharge from the thigh. The granulations, however, cicatrised at last, leaving only a slight seam from the operation; but the cicatrix was of a pale colour, and on two or three occasions, when the stump seemed perfectly healed, it opened afresh, discharging an unhealthy ichorous fluid. The ligature on the peroneal artery came away July 23, that on the anterior tibial August 8, exactly six weeks from the date of the operation. The posterior tibial had not required a ligature, having been plugged up by coagula, extending above the seat of the operation.

30. She began taking carbonate of iron in tenngrain doses twice in the day. From this period she improved rapidly in health and strength, and to this remedy I principally attribute her recovery. She remained, however, subject to occasional relapses of slight fever and loss of appetite; the ulcer on the thigh continuing to discharge sometimes more than ordinary, and seeming to produce these changes for the worse.

Oct. 30. The stump has become firmly and apparently permanently healed; the ulcer in the thigh has contracted to about the size of a crown piece, but it looks indolent and indisposed to heal; the integument surrounding it is very adherent to the condensed cellular membrane underneath, and it continues to discharge slightly from the surface. As her general health seemed to have been thoroughly re-established, she was discharged from the hospital.

#### REMARKS.

I have recorded this case with a view to show that, under some such circumstances as these, a prudent and well-considered delay is excusable, and even expedient. The advantage I expected to derive from not hurrying the operation in the above instance, was that of being able to ascertain the exact extent of the injury the limb had sustained, which it was scarcely possible to do immediately, or within two or three hours of the receipt of the accident. I have myself, unfortunately, had one or two opportunities of witnessing the ill effects of operations performed in cases of bad compound fracture, before the destruction of the parts about had become sufficiently defined to allow an accurate judgment to be formed as to whether the amputation had been done on sound or injured parts, where the results were a sloughing of the stumps, the effect of disorganising injury to the part, through the accident, which could not have been foreseen before the effusion had become defined to its full extent. These cases occurred at night, and the imperfect light favoured the difficulty of deciding on this point. I believe that it is pretty generally allowable as a fact, that although the muscles in the neighbourhood of a severe injury may become disorganised,

and the vessels filled with effused coagulum, the integument covering them shows no signs, by discolouration, of destroyed vitality for some hours after the accident; so that in a hasty operation, although the skin might seem to be sound, the muscular tissue underneath might perhaps be destroyed to some extent beyond the incision, when sloughing would inevitably ensue.

Again, a judicious expectation or delay gives an opportunity to the natural powers of the system to restore the injured parts. In the case I have detailed, some hours elapsed before the vitality of the foot beyond the injury had become destroyed; had it been found to have not been so destroyed, and the vessels had continued pervious, which the delay allowed me to ascertain, an attempt, other circumstances favouring, might have been made to effect a cure. *Immediate* amputation would have put all chance of this kind quite beyond my reach, and I might have sacrificed the patient's limb without waiting to ascertain facts and circumstances favourable to cure, which time, or some delay, could alone determine. Were this position universally true, immediate amputation would never be resorted to. There are doubtless, however, some cases in which its performance may be said to be indispensable. I could never myself see the harm of waiting a moderate length of time before the commencement of an operation in such cases, not exactly understanding what was to be feared in so doing. Doubtless, the most urgent cause for immediate interference is excessive constitutional irritability directly and immediately from the injury to the parts, or the necessity of stopping, by amputation, hæmorrhage from injured vessels, which, in the mutilated state of the injured part, cannot easily be discovered. But there are a vast number of cases which discretion would point out in which these effects are not observable, and it is to these cases to which I particularly wish to direct attention. The case I have detailed was one of such a kind.

Beyond this it may not be otherwise of much interest, except, perhaps, in showing the marked effects of the carbonate of iron in the latter part of the treatment, when the system had become almost exhausted by the profuse and constant discharge from the ulcer in the thigh, as indicated by the patient's countenance.

#### NEWCASTLE-UPON-TYNE INFIRMARY.

*Practice of Sir John Fife.*

OMENTAL HERNIA, WITH SYMPTOMS OF STRANGULATION—EXCISION OF LARGE PORTION OF OMENTUM—RECOVERY.

Report by Mr. John Mitchell.

Thomas Mould, aged 43, pitman, was admitted on December 19, 1841, with irreducible scrotal hernia.

He states that he has had hernia for eighteen years, but has never experienced any difficulty in reducing the tumour before, although he was not able to return the whole of it within the abdomen; while walking quick last night, about eleven o'clock, the truss gave way, and the tumour enlarged; having tried ineffectually to return it himself, a medical gentleman saw him, who bled him freely, and applied the taxis without any better success.

On admission into hospital, about three o'clock, a.m.,



the scrotum on the right side was found to be very large, tender, and hard; the abdomen tense and painful; the bowels were not opened since the accident. He was directed to have four grains of calomel, with eight grains of comp. extr. of colocynth, every second hour; and an injection with soap, every hour. He has vomited a little. All the ordinary measures of reduction were, however, unsuccessful, and the symptoms of strangulation being urgent, the patient was taken into the operating theatre at half-past ten o'clock, a.m.

Sir J. Fife made a long incision, which exposed the tunica vaginalis testis, without coming to any peritoneal sac; on the tunica vaginalis being opened, an immense mass of omentum was exposed, considerably thickened and indurated. Much of this it was considered proper to cut away, and the vessels leading to it were so large, that seven of them required ligature. The stricture was at the internal abdominal ring, and on being divided, the remainder of the omentum was reduced; the ligatures left protruding, and the wound closed by four sutures. The patient was ordered a purgative enema every hour; and to take the pills already prescribed every second hour, until the bowels are opened. At three, p.m., having severe pain in the abdomen, a dozen leeches were applied, followed by warm poultices.

5, p.m. Bowels freely opened, which gave him great relief; but occasional hicough continues.

20. Has had but a restless night, being disturbed by vomiting; pulse 136, soft; great thirst. To have the effervescing mixture. During the day the pain of abdomen returned. The leeches and hot fomentations were repeated.

21. Was disturbed again during the night by the vomiting; bowels freely opened. Continue the effervescing mixture.

22. Feels quite easy; rested well during the night; the vomiting has ceased; no pain of abdomen. Wound dressed this morning, and looks quite healthy; testis to be suspended; the medicines to be discontinued, and to have some castor oil if required. From this time the patient gradually recovered, without a bad symptom.

On the 2nd January, 1842, four of the ligatures came away; and on the 7th, the remaining ones. The patient is now convalescent; the external wound is nearly cicatrised.

#### REMARKS.

It is supposed by Sir J. Fife that the hernia in this case must have been congenital, or, at least, that some portion of the omentum had descended with the testis on its first leaving the abdomen. The symptoms of strangulation were as urgent and peritonitis as evident, as if the intestine had been protruded with the omentum.

#### EXTRACTION OF CATARACT.

CASE I.—William Todd, aged 49, a sailor, was admitted into the infirmary on December 16, 1841, with cataract of the right eye, which first commenced about twenty years ago; he could see pretty well until about six months ago, and has continued growing worse since that period; on admission he cannot perceive anything distinctly.

21. The patient was operated upon this morning, having been prepared in the usual way, by dilating the pupil with belladonna; the upper eyelid was elevated by an assistant, and Sir J. Fife passed a cornea knife (with the cutting edge upwards) in front of the iris, dipping its point into the pupil, so as to open the capsule; the axis was altered a little to complete the incision. The lens now rolled over the cheek; the flaps of the wound were adjusted, and a plaster of belladonna was applied over the closed

eye. The eye was kept shut, and dressed daily, and belladonna plaster being kept over it.

Jan. 2, 1842. The eye was opened this morning; the patient sees remarkably well. To discontinue the belladonna.

CASE II.—Sarah Donkin, aged 64, was admitted into the Eye Infirmary with cataract of both eyes. She says they have become gradually worse for the last three years; but she could see sufficiently well to follow her employment, until about six weeks since, and at present can discern nothing distinctly, except a lighted candle, or fire.

Jan. 1. Sir J. Fife operated upon the left eye this morning (the pupil being dilated with belladonna); the woman was placed in a chair, an assistant supporting the head, and holding up the eyelid without any speculum; Sir J. F. then passed the cornea knife (its edge upwards) close in front of the iris, and completed the operation in the same way as in the former case. The eye was closed, and covered with a belladonna plaster.

2. As the patient complained of some pain in the eye, she was bled, and freely purged, which relieved her considerably.

8. The patient has gone on well in every respect since the last report; the eye was examined this morning, and she now sees very distinctly.

#### PROVINCIAL

### MEDICAL & SURGICAL JOURNAL

SATURDAY, JANUARY 22, 1842.

The question of a reform of our medical institutions like every other difficult and disputed subject, has benefited much by time having been allowed for calm consideration. Had the earlier speculations of some of the most zealous and well-intentioned among the advocates of this reform been at once adopted, and a measure based upon these speculations received the sanction of the legislature, great and perhaps irremediable mischief would have resulted. The delay which has taken place, though it may have retarded the settlement of the many important points involved, has had unquestionably an advantageous effect upon the general measure. The crudities of hasty legislation have thus been avoided, the evils requiring to be remedied have become more apparent, the causes of these better appreciated, and the knowledge of what is really wanted to promote the public good and to protect the interest of the medical practitioner is more extensively diffused. Much of the asperity of opposition has also been softened down, and while there is less disposition to attribute interested and unworthy motives to those who, from mistaken views, have hitherto been inclined to support exclusive measures, the most energetic opponents of reform are, with very few exceptions, willing to allow that cause for complaint exists, and to make some concession to the wishes and feelings of the great body of their professional brethren.

It is to be hoped that the discussion which, now that the time for action draws near, may be expected again to revive, will be carried on in this improved

spirit; that moderation in the expressions, as well as in the councils of the contending parties, will be preserved; and that due credit will be given to all, for at least the desire to adopt such just and equitable changes as the circumstances of the time, the general interests of the community, and the reasonable requirements of the profession imperatively call for.

As a model of the tone in which the controversy, if controversy there must be, between the supporters of existing institutions in their present state, and the profession at large, should be carried on, we have great pleasure in appealing to the "Further Observations on Medical Reform," just published, by Professor Kidd. "The systematic adoption of contemptuous expressions" is, as Dr. Kidd justly infers, neither "a liberal," nor "a fair mode," of combating an opponent; "for contempt," as he remarks, "though it may momentarily intrude itself, ought never to be habitually harboured by any one of correct feeling; and is at all events an unworthy, if not dishonest substitute for argument." No one will be found openly to impugn the justice of these sentiments, and it is greatly to be desired, both for the advantage of genuine reform, and for the promotion of that good feeling which ought always to distinguish the members of a liberal and enlightened profession, that henceforth some respect should be paid to those who, though differing from us in opinion as to the mode of advancing them, may yet have the same interest at heart.

The regulations which the College of Physicians caused to be published some months back, as changes contemplated in the mode of election into their body, are such as, while they show a disposition to remedy certain of the grievances complained of, and to remove, perhaps, as far as lies in the power of that body, the causes of dissatisfaction, at the same time fully admit the existence of the grievances and the justice of the complaints. Whether these proposed measures are sufficiently extensive to meet the requirements of the whole body of medical practitioners, is another question. It is enough for our present purpose that the proposed alterations involve, and thereby acknowledge, the necessity of important and extensive changes in the regulation of that individual branch. It may also be safely asserted that, notwithstanding that no corresponding declaration has hitherto been promulgated from the College of Surgeons, the division, which there is good reason to believe exists in the council of that body, equally points to the necessity of some extensive change; while the hint thrown out at the close of the document put forth by the Apothecaries' Company, respecting some more general measure than the one contemplated in their report, sufficiently evidences that the convictions of that body are to the same effect.

It being, therefore, admitted, either directly or by implication, by each of the three great medical corporations of this division of the kingdom, that extensive changes are necessary, and ought to be made, the question is materially narrowed, and becomes one of degree rather than of actual expediency or right. The

necessity for extensive change is allowed; it remains for decision to determine the principles on which this change shall be made, whether, on the one hand, the existing institutions, thrown open and brought to a standard corresponding with the requirements of the age and the attainments of their members, may be made subservient to the general wants, or whether a new and more comprehensive body than either be required.

Disclaiming, we believe with the generality of nearly all classes of medical reformers, any desire to interfere with existing institutions beyond what is actually necessary, and recognising the different orders of the profession, Dr. Kidd advocates the incorporation of the whole body of practitioners into one general faculty, and the establishment of a medical board of examination, with the power of granting licenses in each of the three divisions of the kingdom, the examination to extend to, and the licenses of the faculty to qualify for, practice in every branch of medicine. The internal affairs of this general body or faculty, he would commit to the management of a president, vice-presidents, and council, to be chosen by the vote of those members who are of not less than two years standing, every member of the faculty being eligible to any of its offices whose general character shall be unobjectionable, and who shall have reached the age of thirty-five years. For the purpose of giving due weight to existing institutions, it is proposed that the board of examiners (for England) be selected from the Universities, the College of Physicians and Surgeons, and the Company of Apothecaries, "*provided it cease to be a commercial company*;" and to secure to these institutions such of their privileges as are not inconsistent with the efficiency of the new measure for public purposes, it is further proposed, "that the Universities continue to grant their own degrees according to qualifications defined by themselves; and that the several medical colleges admit associates according to qualifications defined by themselves; each institution having the entire management of its own internal affairs."

This proposed measure, emanating, as it does, from so high an authority as the Regius Professor of Medicine in the University of Oxford, is deserving of the most attentive consideration. In the simplicity of its provisions, it greatly surpasses the schemes formerly brought forward; while, by respecting the rights and privileges of existing institutions, as far as these are just and equitable, and consequently consistent with the general good, many of the grounds of opposition are removed.

We have before expressed the opinion that the existing leading divisions of the profession into the physician, the surgeon, and the general practitioner, are both actually called for, and will continue to be found in practice, whatever may be the nominal changes attempted to be introduced; that, however, the general practitioner may be entrusted, in country districts especially, with the charge of the ordinary ailments, occasional accidents, &c., of the families in his neighbourhood, cases of difficulty will from time



to time arise in which the judgment and skill of another practitioner will be desired, and that in such cases the reputation which may have been acquired for acute diagnosis and practical skill, or for manual dexterity in the performance of operations, will form the chief guide in the selection of the consulting practitioner; in short, that in a medical case a practical physician will be called in, in a surgical case a practical surgeon will be had recourse to, whatever may be the denomination or title by which such surgeon or physician may be legally known.

There is no good reason, moreover, why, when the general competence to practise any branch of medicine has been duly tested and certified, as it would be by a general license to practice, the individual practitioner should not be permitted at once to follow up his predilection for any special branch, and, by directing his energies to the cultivation of that branch, qualify himself more particularly for the consulting department. On the contrary, from the division of labour which herein arises great benefits have hitherto accrued, and may be expected hereafter to accrue, both in the advancement of the science and of the practice of the several branches of medicine. Very different qualities, both moral and professional, are required for the physician, the surgeon, the accoucheur. A person may be a very skilful physician, possessed of high principle, quickness of perception, sound judgment, an extensive acquaintance with the powers and properties of remedies, and their modes of application—in short, of every requisite qualification for undertaking the management of medical cases—and yet be utterly unable, from want of nerve, too great sensitiveness, deficiency of manual dexterity, or other causes, to perform the simplest operation in surgery. On the other hand, the tact by which the accoucheur is enabled to acquire confidence in the lying-in chamber, and to conduct the parturient process to a safe termination, affording that mental support and consoling assistance which, under such cases, are often so indispensable, is a quality greatly to be coveted, though not always possessed by persons of extensive professional acquirement, and in other cases deservedly esteemed, but the defect of which, under such circumstances, is a most serious disqualification, to be tested by no examination, to be remedied, perhaps, by no course of study, and one which may lead, and indeed has led, to the most disastrous consequences.

But if different orders are thus recognised in the profession, the institutions by which these orders are respectively consolidated, are no less so. There is nothing to prevent any individual, who is desirous of so doing, from assuming to himself the title of surgeon. A competent knowledge of surgery may be attained without submitting to the final examination, or paying the fees required by the college. Yet, for the mere possession of the diploma, and the bare and barren privilege, for such in most cases it is, of writing the letters M.R.C.S. after the name, hundreds of general practitioners annually pass the examination and pay the required fee. Surely the institution must possess in itself some merit, must confer some advantages

which it is desirable to perpetuate. Let but the internal constitution of the college be so modified as to meet the just demands of its members—let the council become elective, instead of self-appointed, and its offices be thrown open upon equal terms to all who receive its diploma, and we venture to predict that no reformer of our profession who holds that diploma, will be found desirous of abrogating its existence, or weakening its influence.

In like manner, there can be no question but that the College of Physicians occupies a high and influential position in the estimation of the profession. The very circumstance that the fellowship, under the obloquy which has been systematically, and we are constrained to add, often with too much reason cast upon it, has been coveted and accepted by some at one time well known in the ranks of reform, and the ill concealed disappointment of others, afford evidence of this. Even the editor of the "Lancet," indeed, so highly estimates the admission into the penetralia of the College of Physicians, that he is led to believe the fellowship a reward sufficient to compensate for the sacrifice of honour and estimation in those upon whom the appointment could confer nothing but an empty name. Should the changes proposed in the constitution of the College be carried into effect, the vast accession of strength which it will acquire, by the number and influence, and well-merited reputation of those who will thus be brought within its walls, will give to this institution a power and a position in the medical profession which it has hitherto never occupied, and to which, under no other circumstances, could it expect to attain.

The trading character of the corporation, it is true, prevents the Apothecaries Company from becoming a fitting institution for the general practitioner, and the pertinacity with which this character is retained renders it indispensable that some new incorporation, founded on different principles, shall take the place to which the company, duly purged of the leaven of exclusiveness, might otherwise, especially since the act of 1815, not inappropriately have been elevated. Dr. Kidd, as we have seen, advocates the formation of an institution of this description, to include the physician and surgeon as well as the general practitioner, and were the question that of merely giving a constitution to the medical profession, irrespective of other considerations, we should see little objection to the scheme. Under present circumstances, however, we adhere to the opinion which we have on a former occasion expressed, that the most practicable, and therefore the most efficient reform, will be to retain the Colleges of Physicians and Surgeons remodelled, of course, on the representative principle, and to constitute a third body of similar character for the reception of the general practitioner, each to regulate the concerns of its own individual branch; to constitute the Apothecaries' Company a college of pharmacy; and to vest the direction of the whole profession in a united council, partly elected from these several institutions by their own members, and partly appointed by the government.

## REVIEWS.

*Retrospective Address, delivered at the Ninth Anniversary of the Provincial Medical and Surgical Association, held at York, August 4 and 5, 1841.* By ROBERT STREETEN, M.D., Physician to the Dispensary, Worcester.

[A feeling of delicacy has hitherto prevented us from bestowing upon Dr. Streeten's Retrospective Address that notice which the annual retrospective reports of the Provincial Association have promptly obtained from us. We cannot, however, avoid transferring to our pages the following remarks from the pen of the editor of the *Gateshead Observer*, one of the most ably conducted provincial newspapers in the United Kingdom.]

Among the advantages which attend such institutions as the British Association for the Advancement of Science, and the Provincial Medical Association, we give a prominent place to the occasions which the meetings of these associations afford for the delivering of reports on the progress of science. Such reports were rare in the proceedings of the stationary bodies; but a grand meeting of scientific men clearly calls for something more general than papers on isolated subjects. If these institutions had fulfilled no other end than that of giving origin to the numerous reports of the kind which we now possess, they would have done enough to raise them far above the miserable attacks made upon them—on the British Association by the *Times*—on the Provincial Medical Association by more obscure opponents. We may probably select a more suitable time to point out generally to the public the advantages which *have been gained* to the cause of science by these institutions. In the mean while, we call attention to this one proof of their utility, in connection with a very excellent Retrospective Address, read before the Provincial Association at York, by Dr. Streeten, and lately published.

It is impossible to peruse such a report without being struck by the vast improvements which the medical sciences are undergoing; and the inert mass of practitioners, although little sensible of the value of these discoveries, are yet gradually compelled to follow the track of more active and ardent minds, though not without grumbling at the mental exertion which even this subordinate part requires.

Dr. Streeten does not preface his work by any general observations on the connection between the different branches of medical study, or on the philosophy of medicine. He gives a condensed summary of such discoveries and important observations as have been made within the year. Notwithstanding some omissions, Dr. Streeten has shown great judgment and consideration in the selection he has made and evidently spared no labour of research. We earnestly recommend the report to the perusal of our medical readers, and to those who are interested in the study of medical science. We hope that the day is not far distant when studies like anatomy and physiology shall lose their peculiarly professional characters, and when every man of liberal education shall deem it requisite to have some knowledge of the structure and functions of the frame which he inhabits. When that day shall come, quackery and unfounded pretension, whether in or out of the pale of the pro-

fession, must vanish before the enlightened eye of the public; and the members of the profession will occupy that lofty place in public estimation to which they should be called by the extent and dignity of their acquirements, and the useful and noble object of the functions which they exercise.

*Further Observations on Medical Reform.* By J. KIDD, M.D., Regius Professor of Medicine in the University of Oxford.

During the course of last year Dr. Kidd published a pamphlet, on the subject of Medical Reform, which attracted a very considerable share of public attention. The temperate and judicious observations of Dr. Kidd having produced their due effects on the public mind, the Regius Professor of the University of Oxford has again appeared, at a seasonable opportunity, to advocate, in the calm and dignified manner which becomes his station, the question of Medical Reform.

The opening remarks of Dr. Kidd's pamphlet are addressed, in a conciliatory tone, to a certain class of medical reformers, whose mouths are filled with foul words instead of arguments, who rejoice in ribaldry and low conversation, and who would "make order prevail in Warsaw," after the Autocrat's fashion, by levelling every thing with the dust. Were Dr. Kidd as well acquainted with many of these worthies as we are, he would save himself the trouble of casting his pearls before swine.

Be this as it may, Dr. Kidd clearly shows that the present division of medical practitioners into physicians, surgeons, and general practitioners, must always exist; but henceforward he would have all to start at the same moment and from the same goal, with an equality of right to practise in any and in all of the three above-mentioned branches, leaving it to the voice of public opinion to determine the class in which each individual should rank. Dr. Kidd next proceeds to pass a warm but well-merited eulogium on the general practitioners of this country, and concludes with the following propositions, which he believes to express the leading objects of the great majority of medical reformers:—

"Considering, then, that there are in this kingdom as many as nineteen sources or boards of examination, either for licenses to practise or for degrees in medicine; that of these nineteen scarcely two require the same kind or the same degree of qualification; and that all of them, with the single exception of the company of Apothecaries, are incapable of affording legal protection to their members; it seems desirable to institute three distinct boards—one for England, one for Scotland, and one for Ireland; each of which shall have the power of examining medical students, and granting them license to practise medicine in every part of the empire.

Considering, at the same time, that although it is neither necessary nor desirable to attempt to alter the long-established division of the medical profession into the respective orders of physicians, surgeons, and general practitioners; yet since, in actual practice, the more peculiar offices of those several orders are often so intimately blended, that recovery from any form of disease might frequently be prevented, were the knowledge of the individual practitioner confined to the mere range of his particular order, it is deemed highly expedient, not only that the examination of all candidates for a medical license should be, in points



essentially medical, the same; but that every candidate who had fulfilled the terms of such examination should be licensed to practise in every branch of medicine.

Considering that, with a few exceptions, all the medical practitioners of the empire are actually members of one or other of the existing institutions, it is proposed that, saving the above exceptions, the whole body of practitioners shall be incorporated under the name of '*The British Faculty of Medicine*;' each individual having the title of '*Member*' of that faculty. And that, of those practitioners who are not members of any of the existing institutions, all who have been engaged in actual practice in any one place, for five years, shall be admitted as members of the faculty on paying a certain sum to its general fund: and those who have not been engaged in actual practice to the extent of five years, shall be admitted as soon as they have shown their competency by the result of a public examination, and have paid the fees incident to that examination.

It seems moreover desirable, that the internal affairs of the faculty shall be managed by a president, — vice-presidents, and a council consisting of — members; and that every member of the faculty shall be eligible to any of its offices, provided his general character be unobjectionable, and that he have reached the age of thirty-five years; and that every member, provided he be of not less than two years' standing, shall have an equal vote at all general meetings, and equal privileges in using the library, the museum, or whatever else may be the property of the faculty.

It is proposed that the medical board of examination for England, taking that as an example, shall be selected from the present members of the several institutions already existing in England: namely, the Universities, the Royal Medical Colleges of Physicians and Surgeons, and the Company of Apothecaries, *provided it cease to be a commercial company.*

Lastly, it is proposed that the Universities continue to grant their own degrees according to qualifications defined by themselves; and that the several Medical Colleges admit associates according to qualifications defined by themselves; each institution having the entire management of its own internal affairs."

## ARTIFICIAL HARROWGATE WATER.

At a late meeting of the Pharmaceutical Society, Mr. John Mackay described the following, as a good substitute for natural Harrowgate Water:—

Sulphate of potass, with sulphur, one drachm;  
Bitartrate of potass, half a drachm;  
Sulphate of magnesia, six drachms;  
Distilled water, two pounds. Dissolve the salts in the water, and take one half of the fluid at a time.

The above is sufficient for a quart, and ought to be taken early in the morning, before breakfast, followed by a walk, to produce the desired effect.

The artificial Harrowgate salts are very much employed, and not unfrequently by those who drink the genuine water, for the purpose of increasing its aperient power. The salts may be made as follows:—

### HARROWGATE SALTS.

Sulphate of potass, with sulphur, six drachms;  
Bitartrate of potass, one ounce;  
Sulphate of magnesia (powdered) six ounces.

The usual dose of the above is one teaspoonful in a small tumblerfull of tepid water, early in the morning.—*Pharmaceutical Journal*, No. VII.

## PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

The report of the poor-law committee, for 1841, having been recently published in this Journal, the members of the Association are now informed that the council have determined to re-print the preliminary report (1840) of that committee, so that all those members who did not take in the Journal previously to the last anniversary, may have an opportunity (not before afforded by the Association) of perusing both the reports of the poor-law committee.

The first part of the preliminary report is accordingly re-printed in this number; but the second and principal part, containing an analysis of the parliamentary evidence, will be published in a separate pamphlet, which will also contain extracts from the last report, and the clauses recommended for insertion in the forthcoming poor-law bill.

This pamphlet is chiefly intended for distribution among members of parliament, and other eminent persons, whose aid it is highly important to secure at this juncture.

Any member of the Association may obtain the pamphlet without charge, by application to the publishers, Messrs. Sherwood and Co.; and the council earnestly request the members in general to present copies to their parliamentary representatives, and to peers residing in their respective neighbourhoods.

The publishers have received directions to forward copies to those noblemen and gentlemen whose names may be suggested to them by members of the Association.

By these, and other measures about to be adopted, the council hope to bring the question under the favourable consideration of the government and legislature; but it is obvious that the active co-operation of their associates, throughout the country, is essential to the full attainment of this important object.

### *Preliminary Report (1840) of the Poor-law Committee of the Provincial Medical and Surgical Association.*

#### FIRST PART.

[Re-printed, with Corrections.]

§ 1. Before presenting a report of their proceedings, your committee intend, in the first place, to take a brief review of the circumstances which led to their appointment, at a period when the question of poor-law medical relief, assumed a particularly important aspect, by being brought distinctly under the consideration of a committee of the House of Commons; and, secondly, to examine thoroughly the evidence taken before that committee, and state the conclusions to which it leads.

§ 2. The former poor-law committee, appointed by this Association at Oxford, in 1835, closed their labours at Cheltenham in 1837, after submitting two reports, and collecting a considerable body of evidence relative to the working of the medical department of the poor-law, and a multitude of opinions as to the nature and extent of the changes required for effecting a just and satisfactory reform of the existing system.

In their first report\* and appendix, of which the

\* The Association, after adopting this report at Manchester in July, 1836, addressed petitions to both houses of parliament, which were signed by nearly two hundred medical practitioners present at that anniversary.

The president of the Association (Dr. Holme) likewise ad-

Association published a second edition in January, 1837, the subject of medical relief for the sick poor was fully discussed; certain principles were laid down as essential to the due regulation of this important branch of national charity, and a mass of facts, no less astounding than appalling, to which the coldest and most selfish scepticism could not refuse an ear, was laid before the profession.

On a retrospective glance at the occurrences subsequent to the publication of that report, your committee cannot avoid coming to the conclusion that, as it was the *first*, so it proved the most important, effort on the part of the profession towards the settlement of this long debated question.

§ 3. After such an exposure, a parliamentary investigation could scarcely be refused, unless the abuses disclosed had been promptly and energetically redressed by the parties in authority.

Accordingly, in February, 1837, Mr. Wakley endeavoured to obtain the appointment of a select committee of the House of Commons to inquire into the efficiency of the medical treatment provided under the Poor-law Amendment Act.

In this attempt he was unsuccessful, as the committee proposed by government to inquire into the administration of the relief of the poor, under the orders and regulations of the poor-law commissioners, superseded, in the opinion of the majority of the House of Commons, the necessity for a distinct medical inquiry. Thus the only resource left to the profession consisted in an appeal to a body known to be hostile to any alteration of the law, or to any material departure from the spirit of its administration.

Still an opportunity was now afforded for setting forth facts; and it appeared as if the profession had only to furnish a sufficient weight of evidence, to effect, at length, the desired impression on the public mind.

But the proceedings of the government committee hardly admitted of even this last resource; for, confining their attention to five or six unions, and merely calling such medical witnesses as were required to assist in proving or disproving allegations of *general* evils, they afforded no opportunity whatever of entering specifically into the administration of medical relief, although enough transpired incidentally to show that, in three\* out of five unions, serious errors had prevailed in this department.

It was distinctly proved,† that established practitioners of reputation and high character were supplanted, under the system of tender, by strangers willing to accept office for a low and inadequate remuneration; that the number of medical attendants was diminished; that the distance of medical advice from the poor, and the extent of districts were increased; ‡ that a medical officer§ had been dismissed by the board of guardians, with the concurrence of the poor-law commissioners, for alleged neglect, although two physicians of experience and eminence, after investigating the case, decided that there had been no want of proper attention on his part.

dressed the College of Physicians, the College of Surgeons, and the Apothecaries' Company, on the subject. From the first no answer was received; the president of the College of Surgeons, through the librarian, stated that the communication would be laid before the council at its next meeting; the secretary of the Apothecaries' Company reminded the Association that the society had not been unmindful of the subject, as they had applied to the poor-law commissioners and to the government to confine the parochial appointments to licentiates of their own body!!

\* Droxford, Petworth, and Westhampnett, neither of which had been reported to the late committee of this Association.

† In Droxford Union, Messrs. Bullock and Smith were supplanted by two young adventurers; in Petworth Union, Mr. Hale was succeeded by a person who was ready to perform the duties "25 per cent. cheaper."

‡ Particularly in Petworth Union.

§ Mr. Hurlstone, Westhampnett.

The poor-law committee of this Association, considered it expedient to direct the attention of the parliamentary committee to the Manchester Report and Appendix, and to other pamphlets which had been written on the subject. Accordingly, copies were sent to each member of the committee, as well as to other members of both Houses of Parliament, from several of whom very satisfactory replies were received.

The labours of the select committee were brought suddenly to a close, by the decease of his late majesty and the conclusion of the session.

In their final report, submitted to the house, there appeared the following brief, though not unsatisfactory, allusion to medical attendance:—"That in a future session of parliament . . . . .

. . . the following points appear to deserve especial consideration, as matters for further inquiry:—The state of medical relief, as to the qualifications, number, mode of appointment, and remuneration of the medical officers; whether in any, and in what cases, it might be better that the medicines should be supplied by the union."

§ 4. Efforts were made in the spring of 1837 to induce the leading members of the Colleges of Physicians and Surgeons to adopt active measures on behalf of the majority of the profession; for instance, to address the legislature and government, protesting, both in their individual and corporate capacity, against the arrangements for providing medical attendance on the poor.

Some members of your late poor-law committee exerted themselves to obtain this most important co-operation. Several other gentlemen, not personally interested, and possessing considerable influence with these bodies, took the same course, and a series of forcible and unanswerable appeals appeared at that time in the leading articles of the *Medical Gazette*.

It was well said, "that an emergency had arisen of a sufficiently important nature to call forth all the corporate energy of our medical establishments,—that the consequence of a large number of degraded, insulted, and wretchedly remunerated practitioners, would be to impress a permanent character of a more or less disreputable kind on the whole profession."

The excellent president of the College of Surgeons,\* Sir Astley Cooper, whose generous disposition ever prompts him to defend and assist his less fortunate brethren, was strongly impressed with the statements and arguments contained in the report of your late poor-law committee, and with other facts presented to his notice. It was probably owing, in great measure, to his influence, that the council of the college at that time petitioned parliament against the mode of appointing union medical officers by tender; and we are informed by an anonymous writer† manifestly "in the councils of his order," that the college also at that time made representations on the subject to the secretary of state. The College of Physicians, however, remained silent, and immovable.‡

Such appears to be the total amount of corporate interference on the occasion: greatly did it fall short of the exigencies of the case, and the just hopes of the profession; strangely did these bodies underrate their powers and influence in the state, when they came to the conclusion that§ "no more could be

\* This report was written before the lamented decease of the worthy baronet.

† "Chirurgus," *Medical Gazette*, vol. xix. p. 507.

‡ The president did not even reply to the application of the provincial committee. But the professors of medicine in Oxford and Cambridge, the Apothecaries' Company, the London Medical Society, and medical practitioners in many localities (besides the Provincial and British Medical Associations), petitioned Parliament on the subject; during this session forty-four petitions in all were presented.

§ "Chirurgus," *Medical Gazette*.



effected.\* Many of their warmest supporters were convinced that the government of the country would not for one moment venture to continue a system of medical relief, against which the three institutions, constituting the legal heads of the profession, should vigorously concur in protesting.

This strange and culpable blindness to their own interests could not fail to mortify and disappoint their best friends. Certain it is that such indifference to the general welfare of the profession clearly demonstrated, even to those who previously were either unable or unwilling to perceive it, the importance of creating a sense of mutual dependence between the governing councils and the members of the profession.

§ 5. Of all the proceedings on the part of the profession, which occurred between our Manchester and Cheltenham anniversaries, none perhaps has produced a more direct and important effect upon the further progress of this question than the establishment, towards the end of the year 1836, of the British Medical Association, which appears to have been called into existence mainly by the operation of the poor-law amendment act. This active body has, from the first, devoted much time and diligent attention to the subject.

§ 6. The circular issued by the Provincial Association in September, 1836, and the general professional excitement which soon after prevailed both in London and in the country, originated a variety of suggestions and proposals for amendment,† by the aid of which your late committee, still adhering to the great outlines of improvement contained in their first report, endeavoured to compile a plan in detail, which they submitted, together with a brief second report, to the Association at Cheltenham.

§ 7. Having advanced so far, the late poor-law committee felt that the original purpose of their appointment was fulfilled, and that the action of the Association should supersede the deliberation of a few individuals.

They therefore hailed the appointment of a committee at that anniversary "to watch over the interests of the profession at large," as an indication of continued and vigorous exertion in a matter which so intimately affected the interests of the majority of our brethren, and had already come under the notice of Parliament.

This committee, however, after due consultation, decided, in accordance with the opinion of its chairman, that the active prosecution of the medical relief question was *not* within the scope of the original design of its appointment.

Now three members of your committee, ‡ and one other gentleman, § had joined that committee in the expectation that its duties would be active, immediate, and comprehensive. These, therefore, considered that there would not only be a degree of inconsistency in remaining on that committee, but that their doing so might prove prejudicial to the particular object they had in view, and unsatisfactory to their colleagues who wished to adopt a different course. They consequently withdrew from what has since been termed "the reform committee."

\* Their opinions as to the extent of their influence with government appear to vary according to circumstances. On a late occasion, when the *health of the metropolis* was concerned, we are informed that "Sir Henry Hallford, and other leading members of the colleges, considered themselves capable of exciting such an interest among the medical men, that *nothing could stop the proposed improvement.*"—*Lancet*, vol. ii. 1839-40, p. 462.

† Without depreciating the valuable efforts of others, it is impossible not to view Dr. Yelloly's admirable letter to Lord John Russell, published and freely circulated in influential quarters, as an event most beneficial to the cause which he advocated with such remarkable ability, moderation, and courtesy. Had more of his brethren in similar circumstances, and free from any imputation of interested motives, come forward in like manner, subsequent events might have taken a very different turn.

‡ Mr. Addison, Mr. Ceely, Mr. H. W. Rumsey.

§ Mr. Soulbey.

§ 8. The circumstances just stated did not, however, prevent the cordial and prompt response of the council of the Association to the recommendations of the late poor-law committee, nor interfere with the prosecution of the energetic course resolved upon at Cheltenham.

In conformity with those resolutions, a circular was sent by the council to every member of both Houses of Parliament. This document contained a copy of the petition intended for presentation at the opening of the next parliamentary session, and the heads of the plans suggested in the second report of the committee.

The petition specified the various evils and defects of the system of medical relief adopted by the poor-law authorities, with reference both to the medical profession, and to the sick poor; it prayed for a special, complete, and impartial inquiry, *to be aided by full and comprehensive returns* from all the unions in the country.

The next point was the selection of some influential members of Parliament who might present the petition, move for the returns, without which any inquiry would be fruitless, and advocate such measures of redress as, after further investigation, might appear desirable. Among the members of the House of Commons were two, who, from their intimate acquaintance with medical affairs, might, by some, have been deemed the most suitable for the purpose: Mr. Warburton and Mr. Wakley. It is needless here to mention the various considerations which determined the council *not* to commit the parliamentary direction of their measures to either of these gentlemen. Let it be added, that whilst your committee fully concur in the propriety of that decision, they feel it due to Mr. Wakley to acknowledge that his indefatigable exertions in the cause needed no fresh stimulus.

There was, however, one gentleman, distinguished alike in the House of Commons, and at the bar, who seemed peculiarly indicated for the present emergency, not less from his political moderation and independence, than from his just appreciation of what is due to literary men, and his earnest endeavours to protect their interests; but chiefly from that benevolence which moves him at all times to stand forth as the champion of the injured and oppressed.

To Mr. Serjeant Talfourd, therefore, application was made, and not in vain. His reply contained the following gratifying announcement of his views:—"It will afford me great pleasure to assist to the utmost of my little ability in advocating a cause which at once involves the administration of relief to the poor in their utmost need, and the independence and welfare of a profession which has long set an example to all others of unwearied and disinterested attention to those who could not reward its labour and its skill."

§ 9. A DEPUTATION, consisting of three members of the late poor-law committee, was immediately appointed by the council to ascertain how far Mr. Serjeant Talfourd was disposed to promote the wishes of the Association in the approaching session of Parliament. At the same time, the secretaries of the Association requested Lord Wharmcliffe to present the petition to the upper House, and to move for the extensive returns, which were proposed by the late poor-law committee at Cheltenham, and which, it was thought, might be more readily agreed to in the House of Lords.

Towards the close of November, 1837, the deputation, accompanied by Dr. Webster, of the British Medical Association, waited on Mr. Serjeant Talfourd, who readily agreed to present the petition and to give notice of a motion on the subject after the Christmas recess. He entered cordially into the views of the deputation, regarding the nature of the required amendments, but stated his impression that the House would not entertain any such proposals, until the select committee on the administration of the poor-law had made a report on the subject.



The deputation, on the part of the Association, disclaimed any intention to oppose the principle of the new poor-law, or its general operation, but stated their entire distrust of the parliamentary committee, which, having to investigate and report on the general question, and being, from its peculiar composition, necessarily adverse to any alteration of the law, could scarcely be expected to devote that special attention to the subject which its importance demanded, or to recommend an enactment particularly affecting and regulating the medical department.

Mr. Talfourd admitted the justice of these expectations, but doubted whether the House would consent to the appointment of a committee for the sole purpose of a medical inquiry. He stated that if it were considered expedient to move for the appointment of such committee, he feared it would be impossible for him to act as its chairman, an office expected to be filled by the mover.

The deputation mentioned their opinion that the returns from unions, which the Association hoped to obtain, would afford more correct and impartial data for framing a bill, as well as more satisfactory evidence of the existence of the alleged abuses, than any examination of witnesses before the parliamentary committee could do; and that documentary evidence was less liable to perversion and misrepresentation than oral testimony.

Mr. Serjeant Talfourd was willing to move for the returns, which all agreed ought to be in the possession of the parliamentary committee before framing any report on the medical relief department. He also expressed his readiness to act in conjunction with, and to render any assistance in his power to, Mr. Wakley, who, from his intimate knowledge of the subject, and connection with the poor-law committee, would be the most suitable person to direct the attention of that committee to the objects of the medical profession. He, therefore, suggested that the deputation should call on Mr. Wakley; which was accordingly done.

Mr. Wakley stated his anxious wish to procure from the legislature due protection for the profession and the poor, but mentioned his intention first to attempt to bring the subject before a special committee of inquiry. He strongly urged the importance of accumulating evidence and preparing for examination. He suggested that, prior to bringing in any bill, it would be important that Mr. Serjeant Talfourd, with himself and such other members of Parliament as might feel an interest in the subject, should endeavour to obtain the support of ministers in a private conference.

§ 10. The result of the application made by the Secretaries of the Association to Lord Wharcliffe was not entirely successful. His lordship acknowledged the importance of the subject, and consented to present the petition, but mentioned "that, after making inquiry as to the time and expense of preparing the returns, he was informed that they would take many months and cost a very large sum." He, therefore, recommended that the case should be brought before the committee of the House of Commons, which had just been appointed.

Mr. Wakley being unable, as in the previous session, to obtain a separate investigation of the medical relief department, endeavoured to secure the early and particular attention of the poor-law committee to this branch of their inquiry. Impressed also with the importance of procuring the returns from unions, so strongly urged by the deputation from this Association, he succeeded as one of the parliamentary committee, in obtaining the concurrence of Lord John Russell and the commissioners to certain schedules for returns, which, though neither so comprehensive nor so explicit as those originally suggested by this Association, embodied that portion of them affecting the state of the question in 1837, and had the merit of occasioning

less expense and delay in their preparation.\* Such being the position of affairs, Mr. Serjeant Talfourd advised the members of the council of this Association, with whom he was in correspondence, to await the result of the parliamentary inquiry before they prepared a measure for legislation.

Thus, it will be seen that the course of proceeding recommended in the second report of the late poor-law committee, had been adopted by the council of this Association, so far as circumstances permitted.

§ 11. During the spring of 1838, the select committee of the House of Commons appointed to inquire into the operation of the poor-law amendment act, examined *three* of the assistant poor-law commissioners, Mr. Gulson, Mr. Power, and Mr. Kay, on their mode of administering medical relief.

Their evidence is highly important, as evincing remarkable contrariety, both of principle and practice; but they coincide in opinion on *one* point, namely, that the poor-law commissioners, *including themselves*, and the boards of guardians, *who acted under their direction*, had made the *best possible* arrangements, considering the inherent difficulties of the subject.

In the mean time the medical profession was not idle. The British Medical Association appointed a committee "to procure and obtain evidence, and to determine what names should be suggested as witnesses, &c."†

The council of this Association likewise elected Mr. Farr, as its delegate, to be present at the medical inquiry, and communicate with such of the members as were prepared to substantiate the allegations contained in their first poor-law report.

These arrangements led to excellent results, which, however, were much impaired by the supineness of our medical institutions, and the disunion of the profession at large; affording a striking contrast to the unanimity, vigour, and promptitude of the poor-law commissioners and their agents. During this period, also, Mr. Farr was engaged, in first condensing, and then analysing, the returns before mentioned, which were but slowly supplied to him by the poor-law commissioners.

Your committee would take this opportunity to express their high sense of the value of Mr. Farr's labours, and of his generosity in transmitting to the Benevolent Fund the sum due to him as the delegate of this Association,—a sum which, it should be observed, was tendered as an acknowledgment of, not as an approach to a compensation for, those meritorious exertions, without which the parliamentary inquiry would probably have ended in a far less satisfactory manner.

§ 12. Owing to the delay in the supply of the returns, and other causes, the examination of medical practitioners, was unavoidably postponed till June 19th.

The selection of witnesses, as well as the examination in chief, were intrusted by the chairman to Mr. Wakley, who fixed upon eleven medical gentlemen, six of whom were members of the Association to which he belonged; whilst only three were members of that much larger body, the Provincial Association.

It may be regretted that a greater number of provincial practitioners were not examined, since they could have furnished the principal evidence against the arrangements of the poor-law commissioners; but under the arrangement made between Mr. Wakley and the chairman, it was agreed that, unless the committee were disinclined to admit the *general* allegations of the witnesses, *particular* instances of neglect, improper treatment, and absolute want of medical aid, should be withheld; otherwise they were to be brought forward.

\* Mr. Farr was appointed by the British Medical Association to draw up these schedules for Mr. Wakley's use.

† Report of the British Medical Association, *Lancet*, 1837-8, vol. ii., pp. 31, 752.



One object of this understanding was to save the time of the committee. This was certainly effected, for the whole medical inquiry was completed in four days,\*—a period far too brief to allow an opportunity for substantiating the complaints of the medical profession.

A subject like this, but little understood, and admitted by all parties to be beset with difficulties, ought, under more favourable circumstances, to have occupied a much greater share of the attention which for so many months the committee bestowed upon the administration of the poor-law. The obvious defects of the arrangement alluded to, were, not, however, attributable to Mr. Wakley, but to the *originally faulty composition of the committee*, which precluded all hope of their impartially sifting a large accumulation of evidence against the operation of their favourite measure. Besides it was very justly questioned, whether the peculiar circumstances of a profession, unfortunately so dependent on public favour, and individual preference, were not adverse to the disclosure of numerous facts, which, although well known to medical practitioners, would, in too many instances, have been kept back, partially detailed, or even extenuated.†

It was likewise felt that the poor-law commissioners could command active supporters in every part of the country,—men deeply interested in upholding the present system. Their account, both of general opinions and of particular facts, would be at direct variance with that of medical men and their friends, and their testimony, therefore could not fail to gratify the majority of the committee.‡

Such being the untoward posture of affairs, your committee feel satisfied that Mr. Wakley adopted the most judicious course open to him. Nor are they disposed to withhold a cordial and grateful acknowledgment of his zealous and untiring efforts, in the face of great difficulties, to serve the profession during this inquiry. They likewise believe that the measure of success that attended the investigation, and the favourable tone of the final report of the committee, were partly attributable to his management of the case.

\* June 19, 20, 21, 22.

† See letter of a practitioner in First Provincial Poor-Law Report, page 2. The secretaries of the Association, also, in 1837, received a communication from a highly respectable member, who had for nearly two years actively exerted himself in the management of a County Medical Association, formed with especial reference to poor-law medical relief. His efforts in behalf of his profession had excited the displeasure of the guardians, even of those who were friendly to him. The other surgeons in the place, and their friends at the board, were neither ashamed nor reluctant to turn his exertions to his disadvantage. He was, to use his own expression, "a marked man."

"However willing," said he, "I may be to assist your praiseworthy exertions, prudence forbids my proceeding further alone, that is, unsupported by the other practitioners. In my opinion, little or nothing will be done to improve the condition of the profession, until more union exists among its members." This gentleman's case is, doubtless, a common one.

‡ Appendix to Second Report of the Poor-law Commissioners, p. 294.

### LEEDS PUBLIC DISPENSARY.

At a recent meeting of the subscribers to this institution, Dr. Chadwick was elected physician in the place of Dr. Hunter, resigned. As a testimony of the valuable services rendered by Dr. Hunter, the following resolution was unanimously adopted:—

"That this meeting, entertaining a high sense of the zeal, diligence, and humane feeling towards the patients displayed by Dr. Hunter, in the exercise of his duties as a physician of this institution, presents to him its cordial thanks, regretting that the state of his health should have rendered his resignation necessary, and expressing their fervent wishes for his early recovery."

### ON QUACK MEDICINES.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—A patent may be taken out for a medicine, or medicament may have a distinctive name given to it, and under that denomination vended to the public, provided a stamp, proportioned to the price charged for the preparation, is affixed to the same; but armed with this charm, the patentee and vender may say what they please, and how they please, and the law will protect them, unless personal injury or death be proved to be caused by the medicine; but as either has paid the government for his stamp, the government in return will permit him to *cheat* you with perfect impunity. Is this for the public good? With perfect confidence it may be demanded whether any medicine can be, or ever could be recommended, even by any college, much less by any individual whatever, and the use of such medicine be safely left to the direction of any non-medical person: we all know that the most difficult portion of our medical acquirements is that of an accurate discrimination of diseases, which, though of a very opposite tendency, often present to the ignorant the same symptoms, and that, consequently, no one devoid of these acquirements can safely administer any remedy, however highly recommended, or amply directed, without the constant peril of committing grave errors, the frequent causing of much mischief, and the occasional death, immediate or remote, of the unwary: the records of the law prove this; but not one-thousandth part of the injuries that really happen, evident and indisputable injuries, is ever known to the public. Dupes who have been zealous abettors of magic and mystery, are not prone to speak of their own folly, nor to let the evil results be known; if the quack medicine fails, or has produced alarming effects, pride or shame keeps the matter secret; but if recovery results, then self-love indulges itself, and, fraught with pride, ignorance, and folly, or a barbarian superstition, boasts its vast sagacity in selecting the amazing panacea; thus a partisan is begotten, and the medicine is unscrupulously recommended. Cannot every man's experience attest this folly?

This brief argument demonstrates that a frightful predominance of evil must result from the indiscriminate administration of any medicine whatever; and that such practice cannot be for the public good: it is no valid objection to say that this or the other patented or stamped medicine effected this or the other cure; for the sake of argument it shall be granted that it has done so, but this will not in any degree alter the case; the great and inevitable source of mischief remains, and the result is monstrous; it has no feature of fair dealing in it, fraud is broadly stamped on the face of it, it is characterised by knavery and impudence, or it may be, monomania, fixing its vampire beak in the life blood of the confiding and credulous. A dark ignominy must hang over any government fostering so much baseness. Has this question been fairly stated, and fairly commented on? If it has, it must follow, that a government, consulting the welfare of the public, will seize the first opportunity to abrogate a law conceived in ignorance, let us charitably suppose, and continued through inattention; thus it is shown that the law, legalising the sale of patent or stamped medicines for the use of the public indiscriminately, ought, for the public good, to be immediately repealed; and that the use of any patented or stamped medicine should be under the immediate administration of the legalised medical practitioners. The gross misrepresentations notoriously obtruded on the public day by day, and all day long, by the unprincipled venders or proprietors of quack medicines, render such a step a solemn and pressing obligation on the government; should there be any patented medicine really valuable, it will certainly yield to the



inventor his fair reward, but not an unjust reward at the expence of the health, and perhaps the lives, of his fellow creatures, as at present.

The following account will illustrate the origin of a vast number of quack medicines:—A non-medical person having seen the prescription of a physician for a disease of the skin, and knowing the patient was surprised to witness the rough and scurfy surface become smooth and soft, since he imagined all the means to effect a cure had been exhausted by himself (wise man!) From circumstances not necessary to be specified, he had abundant opportunity to test the efficacy of the medicine, and he found that, in many cases which had proved incurable by ordinary means, it effected a speedy and permanent cure; he deemed it a specific, and, of course, I repeat, *of course*, he disguised it, and made it a patent medicine; or placed on it the *convenient*, the *tempting*, the *ever-ready*, the *fraudful* stamp!—called himself the inventor, gave it a fantastic and high sounding name, advertised it unscrupulously, called it innocent though a most active poison, and adduced many respectable authorities to attest its wonderful efficacy, and this latter he could honestly do. Is not this transaction fraught with fraud? It is yet to be ascertained whether a government, confidently expected to be patriotic and manly, will knowingly disgrace itself by receiving money so basely acquired; if the government is properly made acquainted with the facts it certainly will not:—concisely, clearly, tangibly made acquainted with the facts; and it is both our interest and duty to do so: but we want no favour, we ask no favour, that is, we ask for nothing that may give us an unfair advantage either over individuals or over the public, but we do ask, and we ask only for fair play, and we seek our end through the public good.

That some much more competent person may give his aid in this truly national question, and that some effectual steps may be taken to put an end to this most disgraceful, heartless, and inhuman traffic in the property, healths, and lives of the credulous and unwary, is the devout desire of

Gentlemen,

Your most obedient servant,

P. S. KNIGHT.

Lyme Regis, Jan. 5, 1842.

## MR. CARMICHAEL ON MEDICAL REFORM.

TO THE EDITORS OF THE PROVINCIAL MEDICAL  
AND SURGICAL JOURNAL.

GENTLEMEN,—I should be glad to ask, through you, on what grounds Mr. Carmichael, the distinguished surgeon of Dublin, makes the suggestion that general practitioners ought to be excluded from any share in the government and regulation of our profession in the proposed uniform Faculty Act. Such a proposition betrays a spirit of exclusiveness which I could not have thought so eminent an advocate of the new law, as Mr. Carmichael is, could have entertained, and coming from him, may lead to consequences injurious to medical reform. Is not this the very spirit we are combating in the college? The desire to aggrandise one set of men to the exclusion of others upon insufficient and unreasonable grounds. "What a poor-forked animal is man!" Who, I would ask, is to define what a general practitioner is? If a man of genius be placed in a sphere of society wherein his practice must necessarily be a general practice, in order that he may be useful, is this sufficient to render him ineligible to a particular situation, though otherwise well qualified for it? Is it not a stigma cast undeservedly by the surgeon upon the general practitioner? We could not have expected anything more severe from the College of Physicians itself, and nothing more exclusive from that of the surgeons. Under such a spirit, nothing improving to the profession in general

can be expected from the new acts of Parliament. The monster of monopoly in things intellectual and professional will only become larger, more hateful, and more oppressive, nay more so than ever the colleges were.

I am, Gentlemen,

Your constant reader,

A STUDENT OF MEDICINE.

Douglas, Isle of Man, Jan. 8, 1842.

## EDITORIAL INJUSTICE.—AMERICAN JOURNAL.

In a short article, contained in the last number of the "American Journal of the Medical Sciences" (Oct., 1841, p. 525) the editor accuses M. Guerin of having transferred without acknowledgment, an article on the cure of recto-vaginal fistula from the pages of the "American Journal," to those of the "Gazette Medicale." The editor of the "American Journal of Medical Sciences" also notices that we have taken the same article from the "Gazette Medicale," without referring to the "American Journal."

As we have much respect for the good opinion of our talented American contemporary, and as we detest, above all other offences, literary theft, we would offer a few words of explanation to the editor of the "American Journal."

The article alluded to was published on the 1st of May, 1841, in the "Gazette Medicale," as an original communication from Dr. Valentine Mott. It was republished from the "Gazette," in the "Provincial Journal," on May 8, 1841, and we had every reason to regard it as an original communication, because we knew that Dr. Mott was at that time a resident in Paris, and because we had not seen the "American Journal" for 1840.

It now appears, however, that the case published by M. Guerin, and communicated to him by Dr. Mott, was a simple translation of one published by Dr. J. R. Barton, in the "American Journal" for August, 1840.

From our knowledge of M. Guerin, we think it highly probable that the "editorial injustice" complained of by the "American Journal" should not be laid to his account, but that Dr. Mott, in communicating the case, forgot to mention that it had been previously published in another journal, and that the operation had been performed by Dr. Barton—not by himself.—Eds.]

## HOMŒOPATHY IN GERMANY.

By a decree, dated Oct. 1841, the Emperor of Austria has created a chair of homœopathy in the School of Medicine at Vienna, and also appropriated 100 beds, in the hospital of St. Elizabeth, to the homœopathic treatment of disease.

## ROYAL COLLEGE OF SURGEONS IN LONDON.

List of Gentlemen admitted Members on Friday  
Jan. 14, 1842.

Frederick Eldridge, Henry Budd, Henry Kindale, William Orlando Markham, William Mercer, William Leopold Metcalfe, Frederick Howe Hale, Richard John Peckham, Robert John Spitta, Silas Stilwell Stedman.

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# PROVINCIAL MEDICAL & SURGICAL JOURNAL.

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[Stamped Edition Sevenpence.]

## CLINICAL OBSERVATIONS ON INCONTINENCE OF URINE,

Delivered at St. George's Hospital.

By SIR B. C. BRODIE, Bart.

By the term "incontinence of urine," I wish you to understand a dribbling away of the urine without any knowledge of it on the part of the patient. It is a different affection from irritability of the bladder, where the patient is obliged to use an effort to empty that organ. In the course of your practice you will find that in nine cases out of ten, where the urine dribbles away, it is from an overloading of the bladder. I have been called to patients whose urine has passed away very well during the day, and at night I have been summoned to them and have found their bladders distended as large as their heads; I have passed the catheter, and have drawn off a large chamber-pot full of urine. Now, such a state of things as this may arise from the presence of an old stricture, or from an enlarged prostate gland, or from paralysis. You will sometimes find in these cases that the bladder is not always distended in an equal degree; the moment the urine attains to a certain quantity, it begins to flow away involuntarily. In some of these cases you will find the symptoms very troublesome to combat; the coats of the bladder will, from long distension and irritability, become inflamed and thickened; and what is worse than this, you will eventually find that the kidneys will become diseased, and then when you draw off the urine you have not cured the disease, but only relieved one symptom; the disease in the kidneys becomes worse from day to day, but that must not deter you from drawing off the patient's water whenever he requires it.

Where incontinence of urine exists, as the result of paralysis, it will be found to occur in cases where the bladder is not overloaded. A gentleman had an attack of rheumatism, for the relief of which he was ordered to rub in a liniment, containing the tincture of cantharides; by some mistake he swallowed some portion of the liniment; appropriate remedies were immediately employed, but he became affected with paralysis, and had retention of urine; for one week he was obliged to have his water drawn off, and then he had incontinence of urine. In four years' time he was able to hobble about upon crutches, and his urine still continued to come away involuntarily; the catheter was frequently passed, but no urine followed, and the bladder seemed to have lost all tone, and not to be able to retain any fluid whatever; so that as fast as it reached that viscus it passed away involuntarily by the urethra. I have seen several cases of this kind.

There is a species of incontinence of urine occurring in those persons who are disposed on the occurrence of any slight or trivial cause to become hysterical; this cannot strictly be called incontinence of urine, or paralysis, but it may be more properly considered as a deficient or false action of the mental power of volition. A young lady was once brought to me who was said to have incontinence of urine; when she sat in a chair, or walked out, the urine would come away involuntarily. As you may imagine, all remedies had been tried, but without doing her any good, and she had become quite a nuisance to her friends and family. She had been troubled with this complaint so long that her mental powers became depraved, and she began at last to forget the disgusting indecency of the disease under which she unfortunately laboured. I tried several remedies, but they were all unsuccessful, and eventually her friends tried what effect the feeling of shame would have upon her. She was sent from home to lodgings in the country; this made her feel very uncomfortable and unhappy, and in the course of a comparatively short time she recovered sufficiently to be allowed to return home, and in time she became quite well. Now, in a case of this kind, there was clearly a defect of the power of volition.

The incontinence of urine, which you sometimes find occurring in children, cannot be correctly termed incontinence. The child passes his water whenever he has a desire to do so, simply because of that desire, and because he has not been taught that it is wrong to do so; and he becomes in time so accustomed to it, that he continues the habit. If he is not properly corrected, he of course does not care about it, and thinks it a thing of no consequence. There are some boys and girls who pass their urine in bed every night; some do so occasionally, some only at night, and some only at particular hours of the night or day.

Dr. Prout says that this affection most frequently occurs in those children whose urine is very acid. This may be very likely the fact, but I have not found that purgatives and alkalies will cure the disease. Some surgeons are in the habit of applying a blister to the sacrum in these cases, with the supposed view of stimulating the nerves of that part; but I am disposed to believe, with Sir Charles Bell, that in these cases the benefit of the blister results principally from its preventing the patient lying on his back, which most children do who are troubled with this affection. I have been long struck with this fact, and have, in consequence, had an instrument made for these little patients to wear, with a piece of steel projecting from the back, so as totally to prevent the recumbent position in that situation, and I have met with some very good results from the use of it.

In many cases of this kind I have observed that children are in the habit of wetting the bed at a certain hour of the night, and in such cases I have or-

dered that the child should be awoke just before the hour arrived, in order to make water, and such cases have by perseverance recovered. If the child be at all advanced in age it is a good plan to have an alarm clock in the room, and the alarm so set as to awake him just before the hour arrives. This affection is sometimes the result of a weak and debilitated constitution in childhood, and in such cases you will find that the sulphate of quinine will prove a valuable remedy, not only as a tonic, but as an antiperiodic; for I have told you that this affection will often recur at stated periods of the day or night. Although the cure of this affection is in some cases as simple as I have described it, you will nevertheless gain great credit with your patients where you can effect a cure. One thing, however, is quite necessary, and that is, that the child should wish to be cured.

## CASES

### FROM THE EARLY NOTE BOOKS

OF THE LATE

SIR ASTLEY COOPER, BART.

Extracted with permission of Bransby B. Cooper, Esq., F.R.S.

No. XVII.

#### STRICTURE OF THE COLON.

Mr. —, who had been afflicted for years with costiveness, applied to my friend Dr. Lister on account of languor, feebleness, and wasting. The Doctor ordered him an emetic, purges, and some bark, and he seemed to be getting better; but a few days after, on drinking a small quantity of wine, the debility came on in a greater degree than before, and he seemed, without any other striking symptom, to be sinking rapidly.

Three days after he had drank the above liquor, he complained of some slight uneasiness in his bowels and stomach. The debility now became extreme, and in a few hours he died.

*Dissection.*—On opening the abdomen, the small intestines, particularly the ileum, showed marks of inflammation. These marks were but slight externally; on cutting the intestines open, there was more appearance of inflammation found within. The stomach, which externally had no appearance of being inflamed, internally exhibited all the signs of that condition. There was a great deal of blood extravasated in the mucous coat.

The large intestines, as far as the sigmoid flexure of the colon, were of great bulk; on the outside they showed no inflammation, but within were much altered in colour owing to it.

At the sigmoid flexure there was an obstruction in the intestine, so that at this part it would not admit more than a large bougie through it. Just above this the inflammation was most strong.

The intestines, from the sigmoid flexure to the cæcum, were full of feces, and much enlarged.

About two inches below the upper stricture there was another, through which I could just pass my little finger.

#### REMARKS.

The above case is an instance of a very rare disease—namely, stricture of the intestine, and that independent of any scirrhus complaint.

It also shows that there may be much internal and little external appearance of inflammation.

The symptoms in inflammation of the mucous coat do not seem so strong as those from the peritoneal.

#### INJURY OF THE HEAD.

Mr. — had a fall from a chaise on August the 31st

by which he received a blow on the back part of his head.

Sept. 1. Has had a great deal of pain in the head all day long.

2. Pain in his head violent; his face is flushed; his skin sometimes hot; sometimes he is in a profuse sweat, then chilly; his pulse is very quick and full; the carotid arteries beat violently; he has pain shooting into his limbs at each pulsation; his muscles tremble; his breath is sometimes so short as to give him the sense of suffocation.

Bled to twenty ounces. Gave him calomel, three grains; castor oil, one ounce. Produced a copious stool in half an hour.

Evening. His pulse better; his head free from pain; he feels very languid; his blood is very sizey.

#### REMARKS.

*Symptoms of irritation*, which arise from an injury to a part very important to life, are much higher than those produced by a part of inferior importance.

*Means to lessen them.*—They require very early and active means to prevent their proving fatal.

In the foregoing case, if the violence of action had not been quickly moderated, suppuration would have taken place upon the brain. He was, therefore, bled till the pulse was found to be deprived of its fulness.

3. Mr. —'s pulse is still full and quick; he is often sick; he has a hot sensation in his ears; his eyes are painful to the light; he has some stupor; there is less chilliness and heat. Bled to twelve ounces; ordered a blister; to take a saline draught, with antimony.

4. Mr. — passed a tolerable night from having taken a grain of opium, excepting that his dreams disturbed him.

His pulse, however, is too full; it intermits; his urine is suppressed, either from the blister or the use of opium. He has had no stool since last night, nor has he vomited. Half an ounce of castor oil.

The least hurry of circulation produces great intermission of the pulse. Bled again.

5. Mr. —'s sickness has been less from the use of the opium.

His pulse, however, still occasionally intermits; his breathing is interrupted by sighs; he is restless; he lost the use of one arm and leg yesterday for a short time, and his sight for a few moments.

Restless, and his pulse fuller. Ordered to lose more blood, to fourteen ounces; ordered Dover's powder, ten grains.

#### REMARK.

*Blood-letting.*—If a person is bled when arterial action is very strong, a pulsating motion is observable in the blood from the vein.

6. Mr. — passed a good night from the use of the pulv. Doveri, and is much better this morning.

7. Mr. — much better. Continues the pulv. Doveri.

8. Mr. — much better.

9. Ditto.

#### INJURY TO HEAD.

17. A boy of about fourteen years of age came into the hospital last night, with a fractured skull, from the kick of a horse.

Pulse irregular; comatose in a degree, but impatient if disturbed. Bled.

This morning pulse quick; not so irregular as last night; great beating of the carotids; no stool; no urine; more comatose, but sleeps easy at present.

#### CONCUSSION OF BRAIN.

Killed a rabbit, by giving it a blow upon the head so as to produce violent concussion. It struggled violently in dying.



## PRESSURE ON THE BRAIN.

Having struck another in the same way, whilst it struggled, I pressed upon the head, so as to drive in its bones; the struggling immediately ceased.

In the one case, irregular action was going on in the brain; in the other case, all action of that part was immediately stopped.

18. Boy with fractured skull is more sensible; his pulse is quicker than natural.

## SCALD.

A man, aged 60, was brought into the hospital last night, who had fallen into a copper of boiling wort. The whole surface of his body was scalded, and denuded of cuticle.

His pulse quick and excessively small.

Pain in his bowels; anxiety; restlessness.

Ordered opium.

Died at nine o'clock this morning.

## WARM BATH IN SCROFULA.

Several patients in the hospital have been benefitted by the warm bath in scrofulous complaints.

## ENLARGED GLANDS, SCROFULOUS.

Mr. —, patient of Mr. —, had a scrofulous enlargement of a gland in the groin, I ordered a blister, hot bath, and natron.

## SALIVATION.

Saw a patient of Mr. —'s, who, from salivation, had his tongue hanging three inches from his mouth and had done so for ten days. I punctured it in many places.

## FRACTURED SKULL.

Samuel Musden fractured his os frontis, and was admitted into Guy's Hospital, where I removed a part of his brain.

He never lost his senses; the wound healed well, and I saw him seven years afterwards in perfect health.

## AMPUTATION.

I amputated the leg of a woman who had a compound fracture.

It is necessary, in cases of amputation after accidents, to save a very large quantity of skin, rather than muscle, for the muscles are usually so large and full as to make it difficult for the skin to meet over them.

## CASE

OF

## PERMANENT CLOSURE OF THE JAWS,

CURED AFTER THE

LAPSE OF FIVE YEARS,

BY

DIVISION OF THE MASSETER MUSCLE,

By WILLIAM FERGUSSON, F.R.S.E.,

Professor of Surgery in King's College, and Surgeon to King's College Hospital.

Thomas Leonard, aged 35, a stout, active, and healthy looking man, applied to me early in June 1841, in consequence of a swelling on his left cheek, and inability to open his mouth wider than a quarter of an inch between the incisor teeth of the upper and lower jaw. I ascertained that, about five years ago, a swelling had appeared in the situation of the attachment of the masseter muscle to the lower jaw, which gradually acquired the size of a pigeon's egg;—in about two years burst, and continued to discharge matter for the next six weeks. There were several small open-

ings in the skin, which soon afterwards closed; but a swelling still remained about the bulk of half a walnut (its present size), and ever since he has been unable to open his mouth beyond the extent described. He is unable to masticate, and feels annoyed that he cannot enjoy his food in the usual manner.

On a careful examination of the swelling, I imagined it to be merely the remains of an abscess, which had probably formed in the substance of the lower end of the muscle; that there was no adventitious or separate tumour; and that there was no disease in the bone. The masseter muscle, though it had long been out of use, seemed of its usual development, and felt hard, as if in a state of temporary action. The other parts of the cheek seemed healthy, and the mucous membrane within was in a natural condition. The masseter of the opposite side felt somewhat flaccid, but otherwise in a healthy state.

As he had already undergone a variety of treatment, I was not inclined to hope much from a further persistence in medicinal remedies; I, however, recommended the use of iodine constitutionally and locally, and desired him to return occasionally. After several additional examinations, I could not perceive any change for the better, and I now entertained the idea of dividing transversely either a portion of the masseter or its whole breadth. I supposed that my wisest plan would be to try the effect of a partial division first, and I accordingly, with a very narrow blade, cut through about half an inch of the anterior margin of this muscle. The point of the knife was passed from the mouth through the mucous membrane and buccinator muscle, a little below the parotid duct, and having been pushed between the skin and the masseter, the fibres of the muscle were divided by carrying the edge from without inwards. Only a drop or two of blood followed the withdrawal of the knife; the divided fibres separated freely, and a very perceptible effect on the width of the mouth followed. After the lapse of fourteen days, being convinced that the benefit of this partial division of the muscle was likely to be permanent, I now resolved to cut through its entire breadth, and accordingly I did so by a proceeding nearly similar to that already described,—the chief difference being that of pushing the point of the knife near to the posterior margin of the ramus of the jaw, so as to enable me to make a complete division of the muscle. The knife was blunt towards the heel, such as I use in dividing tendons and muscles in other parts of the body, so that the wound in the lining membrane of the mouth was not larger than the aperture made in pushing the blade onwards to the part to be divided. Having cut every fibre until the edge of the blade came in contact with the bone, I withdrew the instrument, when about an ounce of blood flowed from the wound in the mouth, and a considerable swelling occurred over the divided part of the muscle. The blood continued to trickle from the little orifice for some time, and always came more freely when the swelling was compressed. At last it seemed to cease, and the patient left the house after having shown me that he could open his mouth to a greater extent than at any time (as he said) during the last five years. I did not continue the movements of the jaw much at this time, as I observed that, whenever I did so, the swelling in the cheek increased, whilst there was greater difficulty and increased pain in subsequent attempts to open the mouth.

When I next saw him he informed me that, on his way home, the swelling in the situation of the wound increased to a very considerable extent, and the tension was so great that he could not move the jaw without considerable pain, when suddenly a stream of blood issued from the orifice in the mouth, and the tumour in the cheek rapidly diminished. Eight days after the operation, there was still some swelling from effused blood; in eight more it had nearly disappeared, and the movements of

the jaw could be made with less restraint and pain than formerly. More than a month after he had ceased in his attendance, he called upon me to show that he could open his mouth nearly as freely, and that he could now masticate his food as efficiently as he had ever done in his lifetime; all remains of effused blood had been absorbed; the original swelling at the lower part of the masseter was much as when I first examined it, and though he seemed delighted with the great improvement which had been effected, there was still, as it appeared to me, such a degree of rigidity, that he could not gape to such an extent as, doubtless, he could have done in his earlier days. I recommended him to move the jaw freely and frequently, and, having since heard nothing more of the case, presume that the improvement has been permanent.

At the present time, when each day may be said to bring forth its new list of muscles, tendons, and other textures, which have been divided by the modern, so called, sub-cutaneous operations, it is not easy to say which muscle has or has not been cut across, during the zealous attempts now going forward in all parts of Europe to remedy, by the combined influence of a small knife and machinery, the numerous deformities and distortions to which the human frame is liable, and therefore with reference to the case above detailed, I will only say that I am not aware of the masseter muscle having been divided under similar circumstances; for examples of permanent contraction of this muscle, independent of any tetanic affection, are not often met with in practice. In my own experience I have met with several instances of permanent inability to open the mouth to such an extent as to permit the patient to masticate; but I cannot say that my attention was particularly attracted by the apparent rigidity of any single muscle, and whether the remedy, which was of such service in this case, may prove equally so in others, I will not venture to assert, but I feel assured that in many instances the division of one or more muscles, either by sub-cutaneous or sub-mucous incision, would be productive of more decided benefit, than the rude and even painful method of forcibly separating the jaws by a dilator, which I have seen practised by others, and have resorted to myself. Now-a-days, when we have proof that most of the tendons and muscles surrounding a joint may be cut across with impunity, the proposal of dividing one or both masseter muscles, in such cases as that which has given rise to these observations, may, I think, be entertained with every degree of reason; even the temporal muscle might be separated from the coronoid process by a proceeding somewhat similar to that above described, or, should it be thought advisable, the internal pterygoid might be similarly treated. Both muscles last named may be incised to any desirable extent, either through the mouth or by a sub-cutaneous wound, but, in operating on the pterygoid, considerable care would be necessary to avoid the inferior maxillary nerve, as well as the internal maxillary artery. I imagine, however, that it would seldom be requisite to interfere with this muscle, but I think it not at all improbable that some of the readers of this Journal may, ere long, meet with opportunities of testing the efficiency of the practice which I have already applied to the masseter.

Dover-street, Piccadilly, Jan. 20, 1841.

#### POST-MORTEM EXAMINATIONS IN FRANCE.

By a recent regulation of the general council of hospitals, in Paris, it has been ordained that, in future, no post-mortem examination should be made in any hospital, unless a written consent be obtained from the relatives of the deceased. This regulation has been considered so injurious, that M. Orfila has resigned his seat at the council.

## OBSERVATIONS ON THE CLIMATE, TOPOGRAPHY, AND DISEASES OF THE BRITISH COLONIES IN WESTERN AFRICA.

By E. J. BURTON, M.D.,

*Assistant-Surgeon to the 25th Regt., late Assistant Surgeon to the Royal African Corps.*

No. VI.

FEVERS OF WESTERN AFRICA.

In my last paper were given the description and symptoms of "bilious remittent fever," as it appears on the Western Coast of Africa, by which it will be perceived that this fever differs little from the same disease as met with in other tropical countries. In my present communication it is proposed to enter upon the treatment which should be adopted in this formidable complaint. The treatment now to be taken into consideration, though not altogether novel, will be found to differ materially from the usual routine of practice in this disease, and from its uniform success, it can with confidence be recommended as a guide to any person called on for the first time to treat a disease which has hitherto proved so extremely destructive to human life, especially in our West African Colonies. The several and contradictory methods of cure recommended in the remittent fevers of tropical countries, are almost sufficient to puzzle even an experienced practitioner, and it appears extremely difficult, amongst so many conflicting opinions, to choose a course at once safe and satisfactory. Some writers extol general bleeding; others again declare mercury to be the "sheet anchor" in the treatment of this complaint; many authorities, on the other hand, assert that salivation by no means ensures the safety of the patient. The late Dr. Currie brought the cold affusion into fashion, and this practice has been extensively tried in the West Indies. Many practitioners, finding that the cold affusion assisted the disease rather more than it did the patient, determined to try what warm baths could effect, and with no better success. In 1832, Dr. William Stevens, a physician who practised many years in the Danish West India Islands, published a work "On the Healthy and Diseased Properties of the Blood," in which he strongly recommended the non-purgative salts in the treatment of tropical fevers, and declared that the "saline treatment" had proved successful in an unprecedented degree.

Previous to perusing this work, which fell into my hands in the year 1840, I had principally relied on the mercurial treatment, but on reading the book in question it struck me as a curious fact that, in all the cases which came under my care, saline medicines had been freely used from the beginning of the fever, chiefly in the form of tartrate of soda, nitrate of potass, and sulphate of magnesia. After carefully studying the able and original observations of Dr. Stevens, I performed a series of experiments on the blood of patients affected with the African bilious remittent fever in its different stages; both from these experiments, and the results of subsequent practice, I became fully convinced that the saline non-purgative salts are highly useful, and powerful auxiliaries in the management of African fevers, especially when the type is of a low description, accompanied with much derangement of the blood. Henceforward I determined to combine the "saline" with the "mer-



curial" plan of treatment, and also to give the muriate of soda, on which Dr. S. laid so much stress, a fair trial, should any cases indicating its employment come under my care. The mercurial preparations, employed in the manner hereafter described, having proved extremely successful, I did not consider myself justified in rejecting them for the purpose of adopting the saline treatment; it also appeared to me that much harm had resulted from placing too much dependance on some particular medicine, or class of medicines, to the exclusion of others of equal importance and value; indeed, a judicious selection and combination of several remedies seem required for the purpose of subduing so powerful a disease. In the latter end of the rainy, and consequently unhealthy season of 1840, some of the cases of low, or as they are usually termed on the coast, "jungle fevers," came under my care; some of these, at too late a period of the complaint, to give the mercurial treatment any chance of success, as to do so, it should be put in force from the very beginning of the fever. In these cases the "saline treatment" was mainly depended on, though not to the exclusion of mercurials, purgatives, &c. In other cases mercury was actively tried from the commencement, but no salivation taking place after a fair time and trial, the saline treatment was substituted, with the very best effects.

The proper combination of the mercurial and saline methods of treatment, varied according to circumstances, seems to me the basis upon which the successful treatment of this and all tropical fevers chiefly rests; at the same time other extremely valuable, though subordinate agents, cannot in any case be neglected. The mercurio-saline treatment (if the term may be permitted) is confidently recommended for trial, not upon theoretical or fanciful principles, or after partial success, but based upon experience and supported by uniformly favourable results. It might be objected that the fevers treated at the Gambia were not of a dangerous kind. Has it ever been asserted by any person that the fevers of Sierra Leone were not of the most dangerous and treacherous nature? Let the table given in the last number be examined, and it will be found that this fever is even more fatal at the Gambia than at Sierra Leone; but the best practical answer to this objection is, that a medical man of many years' experience on the coast stated as his opinion, that the fevers of 1839 and 1840 were the most severe he had witnessed on the coast; and this very medical man, who adopted a practice different from the one here recommended, was anything but successful in the treatment of his patients. When speaking of the treatment of bilious remittent fever, I wish to be understood as particularly alluding to this disease as it appears on the Western Coast of Africa, for it cannot be doubted that it becomes necessary to vary any general plan of treatment according to the peculiarities of the country and climate in which such fever makes its appearance; but it becomes reasonable to suppose that a method of treatment, which has proved highly successful on the pestilential Coast of Western Africa, would be equally efficacious in any other tropical country of equal or greater salubrity, by a judicious adaption to the peculiarity of climates, and by due attention to all these other circumstances, which every well informed and experienced physician is fully acquainted with.

On arriving at the Gambia in 1838, I found that considerable prejudice existed against the mercurial treatment in fever; the chief, indeed only, reason causing this prejudice, appeared to have originated from the excessive quantities in which it had been customary to exhibit this remedy, as scruple and drachm doses repeated frequently during the twenty-four hours, producing in consequence dreadful pyæmia, exfoliation of the maxillary bones, loss of teeth, &c. It is scarcely necessary to observe that such excessive

doses of mercurials are not only unnecessary in the treatment of fever, but are positively injurious; and as far as my experience goes, it appears that salivation is produced just as quickly and efficaciously, by moderate doses, as when mercury is exhibited in the larger quantities; it is dreadful in some cases to see the consequences of the abuse of this valuable article of the materia medica, such as the tongue swollen to an immense size and protruding from the mouth, streams of blood and saliva flowing from the patient, the teeth all loose, some dropping out, and many other disagreeable symptoms too numerous to mention.

It is not intended to assert, that indiscriminately pouring a quantity of calomel and saline preparations down a patient's throat will prove an efficacious mode of treatment in African fevers; attention must be paid to the constitution of the patient, the nature of the symptoms present in each case, and indeed to the various peculiarities appertaining to almost every patient treated. Local affections must be borne in mind, carefully attended to, and combated by appropriate remedies; and above all, it is useless to attempt the cure of so dangerous and treacherous a disease, unless the medical attendant is resolved, by unwearied diligence and attention, to bring his patient through the fiery ordeal. Several other means of apparently slight importance will be taken into consideration, and notwithstanding they do not form the main feature of the treatment, are of such importance, that they cannot be omitted, without in a great measure rendering the other means employed, nugatory. There are *three periods* in this fever attended with great danger, and calculated either to deceive or baffle the medical attendant. These periods may be denominated, *first, the treacherous*. This period usually includes the two or three first days; it is called the treacherous, because the patient in a majority of cases merely complains of slight headache; there is sometimes little or no heat of skin, and this feeling is often merely transitory; pains in the joints, and, in short, all the symptoms denoting the initiatory stage of fever are present, but in so slight a degree, that the disease has been mistaken for headache, attributed to constipation of the bowels, and its cure attempted by an aperient. During this *period* the disease is often making rapid though unperceived strides, and suddenly bursts forth with such violence, that the human constitution seems scarcely capable of sustaining the shock; it is therefore strongly recommended that every case should be treated *ab initio* as one of severity, and should it prove to be one of this description, the medical man cannot accuse himself with having lost or trifled away valuable time; should it, on the contrary, have been originally a case of mild type, the patient will sooner be placed beyond the pale of danger.

Secondly, the period of local *inflammation, or irritation*. This period generally appears about the fourth day, but it sometimes ushers in the disease; the inflammatory period is marked by high febrile action, great heat of skin, cerebral symptoms, as intense headache or delirium, irritability of the gastric organs, accompanied by vomiting, &c. It is recommended to anticipate this period by making energetic use of the remedies hereafter described, from the very commencement of the attack of fever, but should they appear notwithstanding the most vigorous treatment, they are to be overcome by steadily persevering with appropriate measures.

Thirdly, the period of *debility*. This period sets in after the fever has finally subsided; there is no disease which leaves the patient in a greater state of weakness than the one at present under discussion, and many persons have died of mere exhaustion after the total cessation of the fever. This period is to be combated by a judicious exhibition of light nutriment, gentle stimulants, and appropriate tonics.

Before proceeding to remark *seriatim* on the differ-



ent remedies recommended in this disease, I shall once more state my conviction that the lives of many patients may be saved, by making it a strict rule to treat every case, no matter how trivial it may at first appear, as if it had been ushered in by the most dangerous symptoms; it is also strongly recommended to treat the local affections incident to this disease, as it were, by anticipation. By this I wish to be understood as saying, that the remedies used for the purpose of subduing the local symptoms so frequent in this fever, may, with the greatest advantage and success, be applied with the view of *preventing*, rather than curing them; for example, in order to prevent delirium, it was an invariable rule in the cases which came under my care to shave the head immediately, and keep it continually sponged with a lotion about to be described, even before any symptom of cerebral irritation showed itself, and if this was generally found most effectual, if the observations made by me are correct; it appears that the prevention of delirium and other cerebral symptoms has a very considerable power in counteracting that most disagreeable local affection—viz., irritability of the stomach. Some writers seem to be of opinion, that the cerebral symptoms are produced by the brain sympathising with the stomach; this may be true, indeed it appears probable so far as headache is concerned, but it is far more reasonable to suppose that the brain, when affected with sub-acute inflammation or irritation, should react through the medium of the great sympathetic nerve on the stomach, and give rise to those cases of excessive irritability and vomiting, where post-mortem examination, so far from detecting the slightest trace of inflammation, shows the mucous membrane of the stomach to be even paler than in its healthy state. A severe blow on the stomach will not produce delirium, but if the same violence is applied to the head, nausea and vomiting in many cases will be produced; besides which, the brain being a more excitable and tender organ than the stomach, it is only fair to conclude that, in the majority of patients, it will first become affected, and it seems impossible in any other manner to explain those cases of excessive irritability of stomach, which occur altogether independent of local inflammatory action of that organ. It is, however, not necessary to decide in which organ the irritation or inflammation first commences, and as it appears quite possible that the primary affection may sometimes begin in one, and sometimes in the other; the safest plan seems to be to apply the anticipatory treatment to both.

With respect to the different remedies recommended in bilious remittent fever, and now to be considered, no particular order will be observed, but it is proposed to describe them as nearly as possible in that order in which they should be used.

*Venesection.*—General bleeding has been highly extolled by many writers as a powerful means of subduing the intermittents of tropical countries; from everything which has been said, both for and against this practice, it is not easy to come to any decided opinion as to its general efficacy in other countries; one thing, however, is certain, that as a general practice it is not admissible in the bilious remittent fever of Western Africa. The late colonial surgeon of Sierra Leone, Mr. Boyle, states, in his observations on this fever, that he gave general bleeding a fair trial, but was obliged to abandon the practice, as productive of much harm. The first cases of this fever which came under my care, were ushered in with such prostration of the vital powers, that the lancet was altogether inappropriate, and subsequent experience has fully convinced me that, although high febrile action may appear either in the beginning or supervene during the progress of the disease, the debility which always remains after the cessation of the fever, in almost every case totally precludes the use of the lancet. General bleeding may be, and I have no

doubt is, a useful and perhaps a necessary *auxiliary* in the treatment of the bilious remittent fevers of other tropical countries, especially if they are of a less *marshy* nature, and have had their climates to a certain degree changed and rendered more genial, through the medium of draining, clearing, and cultivation; but on the West Coast of Africa, where the majority of cases are caused by the application of a highly concentrated malaria, general bleeding must be unequivocally condemned. It is not denied that a case might now and then occur, in which general depletion may be required—as of a full, plethoric, robust person, just arrived from England, in whose vessels the rich English blood is still flowing, and whose constitution has not yet been subjected to the debilitating effects of the climate; but should the fever, under these circumstances, be excited by exposure to a highly concentrated malaria, the lancet must be used with care and circumspection, and when such a case does occur, it must be regarded as forming the exception to a valuable and necessary general rule. The amount of debility and prostration of the powers of life in this fever seem in a very great degree regulated according to the concentration and power of the malaria exciting the disease, and, in the same ratio as the miasma producing the fever, is intense and powerful in an equal ratio is general bleeding contraindicated and productive of evil consequences. This position is strongly supported by a fact which should be borne in mind by all persons called on to treat this fever on the coast—namely, that if a vessel is cruising off the coast, and a case of fever take place before the crew have had any communication with the shore, the lancet may be used with caution; should, however, the very same persons be attacked by the disease after having been landed, and employed on shore for some time, but more especially if they had been exposed to marshy exhalations, up any of the low rivers with thickly wooded mangrove banks, then general depletion becomes decidedly inadmissible and hurtful.

The blood is always found, in the more advanced stages of this fever, in that black, disorganised, putrid state, which is considered pathognomonic of the putrid typhus of cold climates; and I should think there could be found few persons to advocate general depletion in the low typhoid cases which occur in this country. Greater debility appears in patients recovering from the bilious remittent fever of Western Africa than in any other country; so much so, that the difficulty is to prevent the patient falling into a state so low, that it becomes impossible to rally the powers of life. Patients of every description have come under my care—the old and debilitated, the young, the stout, and the plethoric, and in no case had I to regret the omission of general depletion; but in many it was no easy matter to combat the debility, after having successfully overcome the previous fever. The subject of general bleeding will be concluded by the promulgation of this general rule, that it is totally inadmissible as a means of curing or subduing the fevers of Western Africa, with, perhaps, now and then a rare exception. This rule, however, in its strictest sense, must be considered as applicable to those cases originating on shore, and from exposure to malaria.

*Local Bleeding.*—Local bleeding is of value in the same ratio as general depletion is inadmissible; it must in most cases be had recourse to as a highly useful means of counteracting the local affections so apt to occur in the bilious remittent of this country.\* It appeared to me that local abstraction of blood had much more power and influence in preventing or removing the symptoms of inflammation, to which the brain is subject, than in obviating one of the most

\* The West Indian practitioners must have found some similarity in these diseases, when they named the fever, imported from Western Africa into their country, “the African typhus.”



distressing symptoms which occurs in this disease—namely gastric irritability; still there are some patients in whom this disagreeable symptom assumes as much the character of inflammatory action as of simple irritability; in these cases local bleeding will prove a valuable remedy. Patients are sometimes met with on this coast so weakened from the effects of the climate, that even local bleeding must be used with caution, in order to avoid debility; but in cases of primary fever this will seldom happen, as the patient is usually attacked before a twelvemonth's residence on the coast. In some patients dysenteric symptoms supervene during the attack of fever, and if they are attended by the slightest pain, or if unaccompanied by this symptom, and the patient is not extremely debilitated, local bleeding by leeches must be had recourse to. Local abstraction of blood then is to be employed in this disease. First, for the purpose of preventing or removing inflammatory affections of the brain. This indication is best fulfilled by applying leeches to the temples, or cupping glasses to the nape of the neck, or in some cases both may be required; the number of leeches used, and the quantity of blood drawn by the glasses, must of course be regulated by the symptoms present, but more so still by the strength and constitution of the person under treatment. Secondly, with the intention of subduing gastric inflammatory action, or irritation. Leeches are in this case to be employed, and as a general rule (to be varied according to the peculiar circumstances of the case) four dozen are required to produce any decided effect; if leeches cannot be procured, the cupping glasses may be applied, but the former are preferable, as they do not produce any pressure on the stomach, rendered tender by the existing disease. It is highly necessary to discriminate, if possible, between simple irritability of this organ and inflammatory action, as in the former local bleeding over the region of the stomach is at best a doubtful remedy, while in the latter it is absolutely and imperatively required. Thirdly, when symptoms of gastro-enterite, as they are termed by French writers, or when any symptoms indicating or supposed to denote local inflammatory action of any organ are present, local bleeding is of considerable assistance in removing them. In having recourse to local bleeding, where there is great prostration of the vital powers, it will be necessary to bear in mind that, in many of those cases, the debility is not real, and that relieving the labouring circulatory system will often prove a highly useful means of removing great apparent weakness. It is only necessary further to observe that, in some plethoric constitutions, I had recourse to local abstraction of blood, before any symptoms seeming to indicate such a proceeding had shown themselves, and were I again called on to treat the bilious remittent fever of Africa, I should make it a general rule to bleed locally, especially from the temples and nape of the neck, in all cases, unless symptoms contraindicating this treatment presented themselves.

*Emetics.*—This class of remedies, though strongly recommended by some writers, are not admissible in a disease which, like the one at present under consideration, is often accompanied by irritability of the stomach; there is, however, one exception to this rule; a patient is sometimes attacked with fever immediately after eating a hearty meal; in this case the stomach should be emptied by a gentle emetic, and the most appropriate is a scruple of ipecacuanha, dissolved in warm water, and exhibited in divided doses until the desired effect is produced; in some cases where there is much vomiting of bile, accompanied by great retching and nausea, especially if this takes place, which it is most likely to do, early in the disease, the patient will be considerably relieved by drinking freely of lukewarm water. In my next paper I shall conclude the treatment of bilious remittent fever.

## REMARKS

ON THE SO CALLED

## "MUSCULAR AMAUROSIS."

By EDWARD O. HOCKEN, M.D., &amp;c.

Few will deny that it is highly desirable to supplant error by the knowledge of truth, to follow out reasonings on philosophic principles, and prove their validity by the actual operations of nature. If such be true in general science, how much more important must it be in the extensively useful science of medicine, so essential to the lives, health, and well being of the community at large. For it will be obvious that if unfounded opinions exist in pathology, they will lead to improper, if not injurious, treatment, by which not only science itself suffers, but the feelings, health, and pockets of such individuals as unfortunately become the subjects of its influence. Again, as in any science mere reasoning is useless unless actual facts are taken as the groundworks of inductive extensions, so especially in medicine, where well-observed cases, particularly when viewed in connection with post-mortem examinations, form the facts on which to reason. In taking cases, however, they may be made either most valuable, or, on the contrary, utterly worthless, according to the mode adopted. Unless we are furnished with the history, incipient symptoms, progress, and succession of morbid phenomena, the narration of the present may be unintelligible, and therefore the effects of treatment, in connection with it, worthless; whilst it behoves us to use the most careful suspicion as to the effects of any one particular mode of treatment, when others are simultaneously in operation. Let us take, for example, a small and unimportant mechanical injury inflicted over a joint of an extremity (say the hand), on its dorsal aspect, from the constant disturbance it is subjected to in the motions of such joint, it suppurates, inflames, and becomes exceedingly painful. Here the application of a splint on the palmar surface, by retaining the parts in constant apposition, and removing the source of disturbance, allows nature to effect a cure without, perhaps, any other treatment. But suppose this same patient betook himself to his medical adviser with his finger in the inflamed condition we have mentioned, and he (his medical adviser), on a theory of his own, divided the tendon which moved the joint, a cure might, doubtless, thus result, as in the former instance, and from the same cause—viz., quietness of the affected part; but, in the opinion of the surgeon, his theory (say tension of tendons, &c.) is supported, and hence, in his opinion, the effects of the operation warrant him to recommend a painful and unnecessary one in the same class of cases where the most simple measures would have been more efficacious. In both instances, however, if other measures had been employed, as local bleeding, purging, &c., much might have been attributed to their influence, which, perhaps, belonged exclusively to the rest and quiet.

This is a case exactly in point in reference to what has been termed "muscular amaurosis"—a barbarous term, which possesses no meaning whatever; under which head certain cases of simple and compound imperfections of vision, of a peculiar kind, commonly known under the denomination of "weakness of vision," and palpably dependent on atony of the retina, simple or compound, are classed, and several painful, unnecessary, and therefore injurious, operations are performed, by division, separation, or removal of several of the orbital muscles. As far as I am aware, Mr. Adams is the only English surgeon who actually practises these measures. If this gentleman has added anything to our stock of knowledge which bears the test of experience, if he has proved that a class of cases exist, previously unknown, and previ-



ously incurable, amenable to operative measures, although severe and dangerous in the performance and consequences, he deserves credit for his discovery, and the thanks of the profession for the practical benefit bestowed on them. Let me, however, now proceed to inquire a little more curiously into the facts of the case.

In the acceptance of a term, we must undoubtedly be guided by the general use and meaning stamped on it by the times in which we live; no one individual has the right to change the signification of the term, in the employment of the term itself; and this, whatever may have been the mere literal meaning, or the acceptance in the olden times, where frequently a wide and ill-defined signification was absolutely necessary, from the want of clear and definite knowledge of science. In the present day, the term amaurosis is restricted to those cases of "imperfection or loss of vision which result either from the diminution or entire suspension of nervous energy, whether functional or organic, sympathetic or symptomatic," although literally it means but "obscurity," and hence the term "muscular" must be inappropriate; for even, for the moment, allowing that these symptoms resulted from *some twisting or bending of the optic nerve*, and that amaurosis was an appropriate term, it would be as correct to speak of steatomatous, osseous, or fibrous amaurosis, when blindness resulted from their growth in the orbit. Again, supposing I were desirous of starting a novelty, I might with as much correctness speak of conjunctival cataract, or of cataractal scleritis, insisting that whatever limit the fashion and general assent of the present day chose to give to the term "cataract," it meant derivatively but "disturbance," and was applicable, on this account, to any disturbance of the eye or of vision.

What class of cases, according to Mr. Adams, deserve the name, and require the treatment, of "muscular amaurosis?" Not readily defined. If, however, we take the trouble to examine the cases given in illustration, we find that they are those of atony of the retina; "the distinguishing feature of which variety is, that vision is perfect when the eyes are first employed after rest. The patient can see small things as well as large; but sight fails, with watering of the eye, pain in the head and globe, &c., after the patient has exercised vision for some time."\* It is, in fact, a variety of amaurosis, "the characteristic symptoms of which consist peculiarly and entirely in an impairment or loss of vision, without any morbid change in the organic matter of the eye."† Now, these cases are by no means of unfrequent occurrence in those who have overworked and overstrained their visual powers, especially where predisposition exists; it slowly increases for years, but is always curable by repose of the organs, and by counter-irritation in the neighbourhood; in fact, we remove the cause of the derangement, and stimulate the *vis medicatrix nature*, which steps in and completes the cure. Out of a very great number of cases, I have never seen a failure.

Turn we now to the example I have already given—the wounded integument of the dorsal aspect of the joint. In both instances the constant and habitual disturbance is the cause of the resulting evil, and in both rest is the cure; if, in the former instance, the application of the splint effected the cure, or the splint with antiphlogistic measures (necessary to remove the condition of inflammation already induced), surely it would be unwise to divide the tendon, because some one asserted that its morbid contraction originated the evil, and not the mere motions of the joint, illustrating his propositions by cures. If such were the case, he would, indeed, prove that such examples were curable by his operation (provided no harm resulted from it); but he would not prove that such was the pathology of the affection, nor such the best

mode of treatment. So in the form of amaurosis under discussion, if it is *always* curable by rest and counter-irritation (necessary on account of the condition of the retina already affected), it must surely be unwise to cut and mangle many of the orbital muscles and tendons, merely because it suits a theory, and examples of cure are brought forward in illustration, which, even if literally true and correct, prove only that the same affection may be cured by a much more severe and dangerous mode of proceeding, and that some people escape unharmed even when exposed to imminent risk and probable injury, and even come off without deformity and loss of power of motion in the injured parts themselves. On the same grounds, although we should avoid employing a pen-knife to cut a loaf, we should equally shun a hatchet when a table-knife was before us. I will reserve my remarks on pathology until I have said a word on the origin of the theory and operation.

The rage which so generally existed for squinting irresistibly harried men on to operate on all cases, without discrimination, whatever their cause or pathology might be, whether they were or were not suited for operative measures; and thus, among others, cases where the vision of the squinting eye was imperfect were "cut," to the relief not only of the strabismus, but of the amblyopic condition of vision itself: *post hoc, ergo propter hoc*, the vision was cured by cutting the rectus or recti muscles. This forms a fitting basis whereon to build a novel theory and erect a novel remedy. Thus, then, M. Petrequin, of the Hôtel-Dieu de Lyon, in a communication to the *Académie des Sciences* of Paris, remarks, "The theory of analogies rendered it probable, and strabotomy has demonstrated, that the motor system of the eye exercises considerable influence over its nervous system. From what I have observed in those who squint, I have been led to conclude that certain cases of amaurosis have for their primary cause a spasmodic condition of one or more of the muscles surrounding the globe of the eye. It is now a scientific fact that muscular spasm exists in strabismus; it is not less true that in most cases there is also considerable weakness of vision in the deviating eye. Myotomy, then, may become an heroic remedy against amaurosis depending on contraction of the muscles."\*

Although my own experience tends to establish that of others, in respect to the improvement of vision occasionally in cases of strabismus after operation, by exercise and restoration to its normal axis, yet I attribute this to obvious causes. In those cases of strabismus where the vision has improved, or has been restored subsequent to the performance of the operation, the organ itself has become defective from the almost complete cessation of its appropriate functions and normal stimulus, and not from any primary amaurotic derangement of the visual nervous system; hence vision has improved gradually under exercise, by the progressive restoration of structure and nervous tone, which had previously failed from a defect in this particular. This explanation agrees with what we observe in other organs; thus, if we subtract the accustomed stimulus from any organ, or stop or impede the performance of its functions, its power of answering to an impression, or of performing its normal duties, gradually fails, and its structure atrophies; if, under these circumstances, we restore the part habitually to employment, by its ordinary stimulus it gradually regains its functional powers, as well as its integrity of structure. How any one could jump to the conclusion that the vision of a squinting eye was defective because subjected to muscular spasm, and that it required but relief from this to restore its healthy functions, and that hence there were cases constituting a class, similar in pathology to these forms of squinting amaurosis, although unconnected

\* Vide author's paper, "Lancet," Vol. II., 1843-44, p. 358.

† Beer.

\* "Gazette Medicale."



with the defect itself, and requiring two, or three, more operations, to make and to cure, and then to re-make a squint, by division, separation, and actual removal of a portion of those orbital muscles, the physiology of which is so perfect, harmonious, and beautiful, and so necessary to the good looks and comfort of their proper possessor, I am at a loss to define. Again, why should the forms of amaurosis, denominated "weakness of vision," have been selected, more than any other, as possessing this pathological causation, and requiring this "heroic" remedy? Because it is the only form in which such measures would not have been injurious, where the operations actually oblige the individual to rest his eyes completely, and the effects of the incisions and dissections (if they do not rise to an injurious height) stimulate the retina to put forth healthy efforts, just as I have explained that counter-irritation acts (and is so far necessary) in the same cases, when treated rationally and philosophically.

I will contrast our views of the pathology of the cases under consideration, and will see which bears the greatest probability of truth, although in neither are we able to see the actual seat of disease. Mr. Adams supposes that the optic nerves suffer some bending or twisting by the action of the recti muscles. How can he prove this? I believe that the optic never is, or never can be, bent or twisted to any injurious extent by the action of any or all the orbital muscles, for how often should we then become amaurotic during any powerful, strained, or extensive motion imparted to the globe? We can voluntarily throw the four recti into action conjointly, by an effort of the will, by which the globe is retracted, and its antero-posterior axis shortened; thus, in endeavouring to view distant objects, we partially close the lids, and retract the globe, which will be evident on trying the experiment ourselves, regarding others thus occupied, or, above all, in the efforts near-sighted individuals make to see distinctly. When the eyes are fixed on any bodies at rest, and the head or body generally are in motion, the eyeballs undergo rotation to a very considerable extent; but do we thus become amaurotic? No, certainly. Again, I maintain that mere bending or twisting of a nerve is not sufficient to interfere with its functions. Take the elbow, shoulder, knee, and hip joints as examples: we flex the elbow so as to form a very acute angle indeed with the humerus, but we neither suffer from paralysis of sensation or volition in the parts below. So also in the knee joint; in the shoulder or hip the nerves must surely be bent and twisted enough, during their various and extensive motions, to paralyse the nerves if they had a disposition to become so.

Take any part of the body and overstrain its functions, and one of two evils will result: it either inflames, and its functions are deranged or destroyed by that process, or the nervous tone of the part fails; it becomes inadequate to its functions, and atrophy results. This may and will occur, supposing the system be either above or below par; but where it is above, the tone is deranged in the part, and its vessels becoming enlarged, there is a great tendency to congestion. What I myself assert is, that "the tone of the retina may be destroyed or deranged by causes acting gradually or suddenly, quite independent of general debility, in a similar manner as the nervous powers of all other parts of the system may be diminished or destroyed by excessive employment, or powerfully depressing and rapidly enervating agents."\* The idiopathic varieties have seemed to me to occur under two very different conditions: first, in connection with general debility, excitable nervous system, and cachectic health; the second with general headache and evident cerebral congestion, especially connected with the failure of vision induced by exercise

of the eyes. There can be no doubt, I think then, that these symptoms arise from atony of the retina, although some observers have regarded this as doubtful—a condition of the retina similar to that failure of function seen in other parts were the employment exceeds and overpowers the tone; implying a condition of exercise which exceeds that which would have met the exigency, and originated hypertrophy, and obeying a general law, seen throughout the system generally—viz., that where an increased demand is made on the functions of any part, if the part itself and the powers of the constitution at large permit, nature not only compensates for the increased loss by wear and tear, but exceeds this, rendering the part more competent for its increased duties; but, on the contrary, if the part or the constitution be unable to compete with the disturbing cause, either from deficiency of tone in themselves, or from the excess of the disturbing cause, then the function and structure are overpowered, and atony is superinduced; according to the severity of the cause, and the local or general deficiency, so the defect is proportioned, and its increase regulated by the same laws.\*

If it can be proved that there are cases of any form of amaurosis, or even of "obscurity" of vision, not curable by simple measures or on rational principles, and that these can be and are cured by the operations proposed for the so-called "muscular amaurosis," then, after the failure of the former, the latter are justifiable, and the individual who proposed the measures and carried them successfully into operation, is justly deserving of commendation; and if Mr. Adams, or any one else, can clearly prove that such is the case, I shall be one of the first to acknowledge my obligations and to avow my previous error.

15, Southampton-street, Covent-garden.

Jan. 20, 1842.

## POOR-LAW MEDICAL RELIEF.

RESOLUTIONS PASSED BY THE WORCESTER COUNCIL OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

Resolved,— "That Sir Robert Peel and Sir James Graham be requested to grant an interview to a deputation from this association for the purpose of laying before her Majesty's ministers the improved mode of parochial medical relief recommended by this association."

Resolved,— "That the following gentlemen be requested to form the deputation, viz.:—Dr. Hennis Green; Mr. Martin, Reigate; Mr. Toogood, Bridgewater; Mr. Ceely, Aylesbury; and Mr. Rumsey, Gloucester."

Resolved,— "That a letter be addressed to the president of the College of Surgeons, requesting that two or three of the council of the College may accompany and co-operate with the deputation from the association in their interview with her Majesty's ministers."

Resolved,— "That the editors of the 'Provincial Medical Journal' be requested to reprint in the Journal the petition recommended by the poor law committee, and call the attention of the several local councils to the same, with a view to its being adopted by them."

\* Vide author's "Sketch of the Pathology of Amaurosis," "Medical Gazette," Vol. I., 1839-40, p. 942.

\* Vide author, "Lancet," pp. 358-9, Vol. II., 1840-41.

PROVINCIAL  
MEDICAL & SURGICAL JOURNAL

SATURDAY, JANUARY 29, 1842.

The attention of an enlightened government will ever be awake to the general health of the community; and while every practicable method is had recourse to to insure attention to this, the mortality arising from casual and external causes will not be suffered to escape notice. These causes admit, for the most part, of direct legislative interference; their operation may, in numerous instances, be modified or restrained by law, and the circumstances under which they become active afford a guide by which the peculiar forms of restraint necessary to control them may be selected. Protection from the criminal efforts of the ill-disposed, and a fitting check upon the mischiefs arising from ignorance or carelessness, are expected by the community; and no government can long exist under which some provisions are not adopted for the attainment of these ends. A close scrutiny into the circumstances attending instances of sudden or unforeseen death, whether attributable to violence or otherwise, forms a part of the legal code of most civilised countries. In our own, we have courts of inquiry expressly set apart for the purpose of ascertaining the cause of sudden death; and every case in which a crime against the person, whether wilful or through negligence, may have been perpetrated, every instance of loss of life from casualty or violence, is required to be properly investigated in these courts. The beneficial effects of judicial interference in the prevention of crimes against the person, need not to be pointed out. They are experienced in every grade of society, and have been fully appreciated throughout every period of our institutions. The very framework of society is intimately mixed up with these provisions; and the social compact cannot exist when the personal protection assured by them is not implied and felt.

But, though in every age, and in all civilised states, the protection of the subject is a recognised principle, and has been carefully provided for by appropriate laws, the records of crime, and the fearful loss of human life, by violence and casualties of various kinds, show that much yet remains to be learned, much to be effected, in the ascertaining and carrying out those measures of precaution and prevention by which

both wilful crime and culpable ignorance and neglect shall be effectually guarded against. The statistics of violent deaths have engaged the attention of the Registrar General, and many valuable observations upon this subject, calculated to lead to useful results, have been made by Mr. Farr, in his remarks appended to the third Report.

Superficial persons, and others who are but little versed in inquiries of this nature, are sometimes inclined to question the utility of—sometimes to throw ridicule upon the labours of—the statistical inquirer. It is at all times more congenial to our love of ease to throw aside a subject with a *cui bono* or a sneer, than to bestow the labour of investigation and thought necessary to acquire valuable knowledge. But with those who are disposed so to yield to the dictates of idleness, we profess not to argue. Their convictions, for good or for evil, possess no real weight; and though they may retard the diffusion of sound knowledge, cannot impede its ultimate reception. Statistical calculations, where the data are sufficient in number and extent, and rightly understood, are incontestible, because they are simply the numerical expression of the results of the laws by which natural operations are regulated. They lead, therefore, directly to the development of these laws, and to an accurate knowledge of the circumstances in which they come into force, so that by withdrawing from the sphere of their influence, or employing a counter check, their operation may be restrained or materially modified.

The application of these considerations to the improvement of the public health is manifest in the avoidance, removal, or counteraction of ascertained causes of disease. There is no reason why they should not be also applicable, if not to an equal extent, at least in a measure, in the case of injury or death from intentional or casual violence. From the Report of the Registrar General, we learn that upwards of 24,000 deaths were referred to external causes of violence in the years 1838 and 1839; and it cannot be doubted but that, with respect to some of the causes classed under this category, information may be derived from so large a number of instances by which their influence, it may be hoped, may in future be greatly diminished.

Of this number of deaths classed as violent, amounting more exactly to 24,035, there were 2,001 from suicide. The subjoined table shows the ages and proportion to the population at the respective ages at which the crime was perpetrated.

THE AGES OF 1,985 SUICIDES (1838-9).

	Ages.									
	10—15	15—20	20—30	30—40	40—50	50—60	60—70	70—80	80—90	90—100
Males and Females . . . .	26	122	291	336	409	398	272	107	22	2
Suicides to 100,000 living at at each age . . . . .	0.7	3.9	5.9	9.1	14.0	19.3	19.0	15.0	10.3	



The tendency to commit suicide, therefore, would seem to increase up to the age of 60, and to be greatest between 50 and 60, and between 60 and 70. The general inference might hence be derived, that suicide increases with the pressure of the cares and anxieties of life, although it would require that many other elements, in addition to the mere age, should be taken into calculation before such an inference can be rendered more than a ground for further inquiry.

The mortality of males from suicide to that of females was as 23 to 10. It was greatest in the metropolis, amounting to 10.9 annually in 100,000 of the population; and lowest in Wales, where it was not more than 2.2 in the same number. In the south-eastern counties it was 8.4 annually per 100,000 of the population, and in the remaining general divisions of the kingdom it ranged from 4.4 to 6.8; the mean mortality from this cause, of the whole of England and Wales, being 6.3 in every 100,000 of the inhabitants. In the six summer months, April to September, the suicides amounted to 1,102; in the six winter months, October to March, the number registered was 899.

Mr. Farr has been at the pains to ascertain and classify the occupations of those who committed suicide during the years 1838 and 1839, from which it appears generally that, "the tendency to suicide is least among persons who carry on occupations out of doors; and greatest amongst artisans who are weakly from birth, are confined in doors, have their rest disturbed, or have little muscular exercise." After making various corrections, rendered necessary to bring the results of the registration into comparison with the population returns for 1831, the corrected annual mortality from suicide among masons, carpenters, and butchers, was found to be 1.33 in 10,000; among tailors, shoemakers, and bakers, 7.43 in 10,000. Comparing artisans, and tradespeople generally, with labourers, the corrected mortality from suicide among the former class was 6 in 10,000; and in the latter 2.9 in 10,000, showing that the tendency to suicide is above twice as great among artisans as it is among labourers.

It has been attempted to be established that education has the effect of increasing the tendency to suicide, or at least that suicide is most prevalent where education is the most diffused. The following table has been given by Mr. Farr in illustration of this point:—

	Number out of 100 Persons married who could write their names.	Suicides to 100,000
Metropolis . . . . .	82	10.9
Durham, Northumber- land, Cumberland, and Westmoreland. . . .	68	6.5
Surrey, Kent, Sussex, Hampshire, Berkshire, Monmouthshire and Wales.	62 41	8.5 2.2

On the other hand it appears, that the proportion of suicides among persons of property, and educated men generally, is very near the average, and, as Mr. Farr remarks, "If the progress of civilisation is to be charged with the increase of suicide, we must therefore understand by it the increase of tailors, shoemakers, the small trades, the mechanical occupations, and the incidental evils to which they are exposed, rather than the advancement of truth, science, literature, and the fine arts." The suicides among the pauper classes were ascertained to be rather below the proportion among the more wealthy, amounting, the corrections being made, to 4 in 10,000.

The practical question connected with these considerations is, whether we possess any means of counteracting the disposition to suicide, or restraining its manifestation? It is sufficiently obvious that suicides are found to be most prevalent in the midst of the crowded population of the metropolis, among those belonging to certain sedentary occupations, and during the periods of life when the accumulation of anxiety and cares weighs down the already diminishing elasticity of mind and body. Those who show any disposition to suicide should therefore be promptly removed from the circumstances which tend to favour its development. Change of occupation to one which may be carried on in the open air, abstraction from all harassing cares, the giving up of hazardous speculations, the withdrawing from the uncertainties of business should, as far as possible, be enforced, and, as a public measure, the discountenancing of the system of centralisation, the ultimate tendency of which is to approximate every part of the kingdom more or less to the condition of the metropolis.

But other and more generally effective measures may be had recourse to. The recent example afforded in the suppression of the disposition to suicide by the judicious punishment of those who attempted it, and the effect of the exposure to the public gaze; in ancient times, of the bodies of the Roman females who destroyed themselves, may be adduced to show that, by well-devised measures, the suicidal tendency developed by imitation or otherwise, may be checked. The discontinuance also of the practice of giving notoriety through the public press to these cases, as suggested by Mr. Farr, is we feel convinced of great consequence. "Some plan," he observes, "for discontinuing, by common consent, the detailed, dramatic tales of suicide, murder, and bloodshed in the newspapers is well worthy the attention of their editors. No fact is better established in science than that suicide (and murder may perhaps be added) is often committed from imitation. A single paragraph may suggest suicide to twenty persons; some particular chance, but apt expression, seizes the imagination, and the disposition to repeat the act, in a moment of morbid excitement, proves irresistible. Do the advantages of publicity counterbalance the evils attendant on one such death? Why should cases of suicide be recorded at length in the public papers, any more than cases of fever? It would be out of place to refer here to the moral or strictly medical treatment; but

it may be remarked, that the artisans most prone to suicide, are subject to peculiar visceral congestions—that suicide is most common in unhealthy towns—and that the influence of medicine on the mind, and on the unstable ungovernable impulses which are often the harbingers of suicide—is incontestible. To place the shoemaker, tailor, baker, or printer in the same favourable circumstances with respect to air and exercise as carpenters and masons would be impossible. But the workshops of all artisans admit of immense improvement in ventilation. Cleanliness is greatly neglected. Neither the men, nor all the masters, appear to be aware that the respiration of pure air is indispensable; that the body requires as much especial care as the tools, instruments, and machines; and that without it, neither the body nor the mind can be preserved in health and vigour. The new parks and public walks will afford the artisan an opportunity of refreshing his exhausted limbs and respiring in the fresh air; and the health and temper of the sedentary workman may be much ameliorated by affording facilities in towns for athletic exercises and simple games out of doors, which, while they bring the muscles into play, unbend, excite, and exhilarate the mind. Moral causes, and the regulation of the mind, have perhaps more influence on the educated classes; but all must derive benefit from out-door exercise." With the foregoing excellent observations we must conclude for the present, reserving for another occasion the consideration of violent deaths produced by other means than the hand of the sufferer.

Most of our readers have, no doubt, been edified, at one time or another, by the abuse which the editor of the "Lancet" has poured forth on the "nineteen" medical establishments of this country. The corruption, the delinquencies, the conflicting interests of these institutions, so obnoxious to the advancement and welfare of the profession, have been portrayed in glowing colours, and lashed with an unsparing hand, in the pages of the "Lancet." The great body of the profession was chided for its apathy, the government was upbraided for its indifference to the enormous evils perpetuated by these mercenary corporations; and the united voices of all true reformers were invoked with pious fervour, to the aid of the virtuous man who threatened annihilation to that hydra-headed monster, which has rendered our medical polity a by-word in every country where medicine is cultivated as a science.

Amongst the long category of crimes charged to the account of these devoted institutions, that which, above all others, excited the indignation of the worthy editor, was the iniquitous traffic in medical diplomas. The finger of scorn could not be too frequently pointed at, no language could be too severe for, the venal institutions which were trading in such contraband merchandise; and accordingly we find the great medical "Reformer," in his virtuous paroxysms, denouncing the unprincipled diploma ven-

dors in no measured terms. It would appear, however, that whilst the zealous crusader was preaching from the text—"Silver is less valuable than gold, gold than virtue," to the "profligate" institutions above mentioned, some seducing voice whispered in his ear the aphorism:—

"O civis, civis, quærenda pecunia primum est;  
Virtus post nummos!"

The sagacious editor knew better than to allow such a wholesome practical hint to pass by unheeded. Forthwith he started an opposition diploma shop, as all the world knows, in a certain corner in Lancaster-place—the "London College of Medicine." We were indeed not a little surprised to find this celebrated "University" omitted from both his original and his amended lists of the "Licensing Faculties," but the editor, like Rory O'More, no doubt believes there is "luck in odd numbers," else he would have added his own *alma mater* to the favoured "seventeen" and "nineteen" licensing bodies which have figured so conspicuously in the pages of his journal. It is needless to add that the great "Reformer" drove an excellent trade in the diploma manufactory for upwards of two years—when he thought it expedient to shut shop, and, probably, handed the proceeds to the benevolent fund of the British Association. The working of the scheme, however, has been steadily progressing. Its remedial effects have been felt throughout the land—from the centre of civilisation to "the most desolate waste on the face of the civilised globe"—the regions of Connemara.

Many edifying examples of the *benefits* conferred on the profession by the great rival of the diploma manufactories of St. Andrew's, Aberdeen, Geisen, and Erlangen, have come under our notice. For the edification of our readers, we shall briefly narrate the following, as being the most recent:—During the past month (December, 1841) an election took place at the Galway workhouse, for the purpose of choosing a medical officer to do the duties of that institution. Several candidates came forward, possessing qualifications of various degrees of respectability. One held the diploma of the "London College of Medicine;" another was a graduate of the University of Edinburgh; a third a licentiate of the Irish College of Surgeons; the fourth, a Dublin apothecary; the fifth, a London surgeon. But the victorious candidate owed his success to the circumstance of his being a graduate of Mr. Wakley's College of Medicine, and the Lancaster-place parchment passed off before the board, which was constituted of the aristocracy of the county, as the genuine diploma of the College of Physicians of London!!! Yet, with a delicacy peculiar to himself, the individual whose name is inscribed the first on that spurious document, had the kindness to offer to the Apothecaries' Company, scarcely a fortnight since, through his oracle at Exeter Hall, his "moral support in suppressing unqualified practitioners!" The diplomas of the London College of Medicine, we presume, are to be exempt, *speciali gratiâ*, from molestation on the parts of the allied prosecutors.



Of a truth, the human heart is *deceitful* above all things, and desperately wicked. The honourable, the upright, the virtuous editor of the "Lancet," whose whole public life has been spent in denouncing the *iniquities* of the medical institutions of this country, has thus, consistently with his innumerable oral and written discourses, *de virtute*, lent his hand to propagate evil, to sow corruption, to breed discord, to add chaos to confusion, amongst the ranks of that profession, for the amelioration of which he has sacrificed his own worldly interests! We do not belong to that class of libellers of the human race who think, with Rochefoucault, that "every man should be considered a rogue until we find him to be honest;" but until we find the London College of Medicine and its founders treated according to their merits, we would advise all honest and consistent reformers to look to deeds, not words, and to be careful how they place their confidence in those who have been guilty of the very misdemeanour which they now hold up to public contempt.

The following note expresses the sentiments of a highly respectable correspondent upon this matter. It is a subject which we would fain have avoided; but a sense of duty, and the numerous complaints that have reached us, compel us to speak more warmly than is our wont:—

TO THE EDITORS OF THE PROVINCIAL MEDICAL  
AND SURGICAL JOURNAL.

"GENTLEMEN,—A circumstance has just occurred at the election of a medical officer to the Galway union, which I think is worthy your attention.

Several candidates for the appointment sent in their qualifications to the board of guardians, and these documents were, as far as I could learn, an Edinburgh degree, a diploma from the *London College of Medicine*, a licence from the Dublin College of Surgeons, another from the Dublin Apothecaries' Company, and the diploma of the College of Surgeons of London. Each of the candidates—and they were five in number—possessed one or more of these licences to practise. To the astonishment of every one, the successful candidate, who is a very respectable man, was elected on the strength of his possessing the spurious diploma of the "London College of Medicine," which was either wilfully or through ignorance, passed off before the board—composed of the aristocracy of the county—as the genuine diploma of the *College of Physicians of London*. It certainly is a very hard case that persons who have expended much time, labour, and money, in obtaining a respectable medical degree, should be forestalled by any one, no matter who or what he may be, that wishes to *buy* one of these false and knavish diplomas. The provinces of Ireland are infested with them; I have seen several besides this—one very recently at the election of surgeon to the Clifden Dispensary in Connemara; and it is astonishing with what effrontery many of the practitioners here call themselves "Doctor," and put that title on their doors, on the strength of the diploma of the London College of Medicine. You are aware, Gentlemen, that any individual requiring such a diploma had only to send over the price of it to London, and get back, by return of post, his "degree;" but the shop now is

shut, I hear, and the *pseudo*-Doctors are *buying* their diplomas at the low German Universities. If a list of the regular graduates in medicine was forwarded every year from the provincial towns where these spurious Doctors abound, and published in your pages, it would be doing the honest practitioner good service, and might exercise a salutary effect on those barefaced persons who are trading under such false and ignominious colours.

I am, Gentlemen,

Your obedient servant,

A GALWAY PRACTITIONER.

Galway, Jan. 8, 1842."

## REVIEW.

*Tic Douloureux, or Neuralgia Facialis, and other Nervous Affections; their Seat, Nature, and Cause: with Cases illustrating Successful Methods of Treatment.* By R. H. ALLNATT, M.D., M.A.

The subject of neuralgia is rendered peculiarly interesting, at the present time, by the fact, which we believe all who are extensively engaged in the practice of medicine will admit, that neuralgic affections have become extremely prevalent during the last few years. Of these disorders, the most severe, and frequently the most obstinate, is the painful affection known under the name of tic douloureux. The symptoms and progress of this disorder are almost as familiar to the public as to the professional man; but a great diversity of opinion exists on its remote cause, and a still greater difference on the best method of treating it. Indeed, almost every powerful article in materia medica has been employed or recommended for the cure of a disease which occasionally baffles the assiduous efforts of our best practitioners. Dr. Allnatt is, therefore, entitled to our praise for having endeavoured to investigate the subject of neuralgic affections in a scientific manner, and directing attention to a mode of treatment which, in his hands, seems to have been attended with the best effects.

According to the views put forth by Dr. Allnatt in the treatise now before us, idiopathic neuralgia (or that which appears to arise spontaneously and without apparent cause) depends on some irritation of the ganglionic system of nerves which are distributed to the viscera, manifested in a painful affection of the extremities of the ganglionic nerves in some distant part of the body. The liability of the fifth pair to this disease is explained by its numerous connections with the ganglionic system, or rather, on account of the numerous sympathetic filaments which accompany its branches. The remote cause of neuralgia, then, may exist in any viscus which receives nervous filaments from the great sympathetic, and the progress of the disease from the centre to the circumference is thus described by our author:—

We have, "First, disordered function from irritation of the proper nerves of the organ, arising from some noxious influence or impression which exhausts the nervous influence whence the capillaries derive their

power. They thus become weakened, allow of over-distension, and are in a state of passive congestion or hyperæmia. The more vascular portion or cernititious substance of the sympathetic being involved, it becomes irritated, and an undue supply of blood is consequently maintained. The proximate cause still continuing, the medullary part of the nervous system suffers, and evinces its effect by painful spasmodic contraction, not necessarily in the seat of the affection, but oftener at the origins of the expanded sentient nerve in direct communication with the sympathetic."

When we reflect on the abundant distribution of filaments of the great sympathetic to the abdominal viscera, it will not appear extraordinary that neuralgic diseases, according to Dr. Allnatt's views, should be intimately connected with disordered states of the chylipoietic viscera.

"Facial neuralgia (says the author) and disorder of the chylipoietic viscera almost invariably coexist, and it is often exceedingly difficult, nay, almost impossible, to determine, from the statement of the patient himself, which may have been the primary affection. I have scarcely ever seen a case which was unaccompanied by dyspeptic symptoms. Some of these may have been obscurely developed, but I am firmly of opinion, from observations which I have been enabled to make, that tic douloureux, or facial neuralgia, arises in every instance from an unhealthy condition of the digestive apparatus."

Although some practitioners may not be disposed to go quite so far as Dr. Allnatt in attributing *all* cases of tic douloureux to gastro-intestinal derangement, still we are convinced that all cases are considerably aggravated by a disordered condition of the stomach and bowels; and that neuralgia depends on the cause suggested by Dr. Allnatt much more frequently than it is generally thought to do. In this view we are supported by the authority of Mr. Abernethy, who had remarked, that in the cases of tic douloureux which had fallen under his observation, the digestive organs were greatly disordered, and that he had cured patients of the former malady by correcting the latter.

The treatment which Dr. Allnatt recommends is founded on this presumed connection between neuralgia and gastro-intestinal derangement. The following passages contain a summary of his opinions upon this point:—

"The indications to be attended to in the treatment of tic douloureux are, to relieve the irritation of the abdominal viscera, and, in cases of long standing, the consequent hyperæmia which may have been induced. For this purpose, I have found the free use of aperients of unfailing efficacy, and I give a decided preference, over all others, to a pill combining a small quantity of croton oil with stomachic aperients.

In plethoric habits, and when the constitution has not materially suffered by protracted agony, the aperient plan should be steadily persevered in and carried to its full extent; that is, the patient may be kept under the influence of purgatives until the pain has subsided.

The diet, which of course must be carefully regulated, should consist of light and nutritious food; all indigestible aliment should be avoided; and irritating spirituous and fermented liquids absolutely prohibited.

Exercise in the open air is particularly desirable, as it tends to the 'equalisation of the circulation;' not, however, that exercise which consists in the

luxurious rolling of a carriage, but brisk walking on foot until a glow is excited, or, what is still more desirable, horse exercise.

By these means, and these alone, I have succeeded in curing inveterate cases of tic douloureux in the course of six or eight days, which had withstood for months and years every other method of treatment."

"As auxiliaries to these methods, great benefit will be found to accrue from the use of colchicum and small doses of tartar emetic. The former acts beneficially upon the capillaries in restoring the secretion of the liver; and the latter is of decided utility, if, in conjunction with the pain, there be symptoms of pyrexia accompanied by turgescence of the neurilema.

In many cases, also, if there exist great irritability of the system (which perpetuates the local mischief), sedatives are indicated; and by far the most efficacious is a combination of conium and hyoscyamus, blended with a small portion of ipecacuanha. The majority of these remedies may be combined, or, as in the case of tonics, alternated as symptoms require, with the purgative plan."

The portion of Dr. Allnatt's treatise which is devoted to "the other affections of the ganglionic system," is rather meagre; but the author, probably, was desirous of confining his remarks to those forms of the disease which fell under his own observation. His remarks on hepatalgia are well worthy of attention:—

"Hepatalgia is characterised either by constant pain in the region of the liver, with occasional violent exacerbations, or by pain occurring in paroxysms, the intervals being free. It is unaccompanied by fever or swelling. The bowels are generally inclined to costiveness; but the alvine evacuations are not otherwise materially affected. The urine is sometimes scanty and limpid; and at other times more profuse than natural, but without being tinged with bile. The tongue, as in many other nervous disorders, is not indicative of any morbid action; and there is no undue thirst.

The diagnosis of this affection is to be drawn from the violence of the pain, which is often much greater than that of inflammation; its tendency to assume an intermittent character; and the violence of the exacerbations, which come on with something like periodical regularity; combined with the *absence* of fever, the coated tongue, and other indications of structural disease.

The treatment of hepatalgia, when it occurs in patients of robust habit, consists of free purgation with the *ol. tiglii*, combined, as the case may require, with sedatives. In debilitated constitutions, or hysterical subjects, the purgative plan must be resorted to with great caution, but its employment is indicated by the torpid state of the bowels which generally accompanies the affection. Much benefit will be subsequently derived from mild tonics, especially the preparations of iron.

The empirical use of mercury (the sheet-anchor of many practitioners in *all* hepatic affections) has, in many instances, been found highly prejudicial; it never fails to aggravate the malady; and long continuance of its employment frequently induces lesion of the nervous system, which, but for the timely exhibition of tonics, would probably terminate in an incurable malady."

With these citations we must close our notice of Dr. Allnatt's treatise. It is highly creditable to his character as an observant physician.



## ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

January 11, 1842.

Dr. WILLIAMS, President, in the chair.

*An Account of a Case of Extensive Disease of the Pancreas.* By JAMES A. WILSON, M. D., Physician to St. George's Hospital.

Alexander Tait, a gentleman's servant, aged 41, intemperate habits, unhealthy complexion, and distressed countenance, complained of constant pain at the epigastrium, sometimes heightened to agony. He described it as "a pulling together of the pit of the stomach," which he felt most when recumbent, and after food; and which was often accompanied by headache and giddiness. His pulse was regular, its beats 65 in the minute. In a month from this patient's admission into St. George's Hospital, and after an unusually long intermission, the pain suddenly and violently returned. Shivering succeeded, maniacal delirium, and death.

*Post-mortem.*—A considerable layer of fat over the muscles of the abdomen. Pericardium universally adherent to the heart, which was otherwise healthy. Lungs healthy. Brain softer than usual, and more vascular in its medullary substance. Some serous fluid on the arachnoid; very little in the ventricles. Stomach healthy. Spleen in a very soft state. Kidneys healthy.

*Remarks on Typhus Fever.* By JOHN BOSTOCK, M.D.

The author expresses his intention to consider typhus under three heads—viz., as asthenic, cephalic, and gastric; which he describes agreeably to these designations. He is of opinion, that the cutaneous eruption frequently seen in typhus fever need not constitute a fourth variety. He considers these varieties of fever as often complicated with each other, and referable to a common origin.

With respect to the cause of these varieties specifically, he is unable to lay it down; but he speaks of the city of Liverpool as containing largely the exciting cause of typhus fever generally.

With respect to its mode of propagation, he considers that both infection and contagion are capable of transmitting it; and he is of opinion that its occurrence does not exempt the sufferer from a second attack, but modifies it if it occurs.

With respect to prognosis, he considers the cephalic variety the most fatal. He praises the system of affusion of Dr. Currie in reference to this variety; and with many judicious remarks on the subject of treatment, calls the attention of the society to the remarkable changes of opinion.

*A Case of Stricture of the Trachea.* By W. C. WORTHINGTON, Esq., Senior Surgeon to the Lowstoft Infirmary. [Communicated by James Copland, M.D., F.R.S.]

The patient, an agricultural labourer, aged 49, first came under the notice of the author in August, 1837. Four years previously he had contracted syphilis, for the cure of which mercury had been administered, but to an immoderate extent. During twelve months immediately previous to his putting himself under the author's care he had been confined to the house. The state of his respiration most especially attracted the author's attention, both as regarded the peculiarity of the noise attendant upon inspiration, and the very painful effort required for its accomplishment. The sound closely resembled that produced by an unsound horse, called "a roarer;" suggesting the idea that the air passed through a tube of narrow calibre. Each inspiration occupied ten seconds, and was obviously effected at the expense of very powerful exertion of all the muscles about the larynx. Utterance was hoarse and rough, and a troublesome cough was present. The

stethoscope furnished no indication of disease of the lungs. After having suffered as above described, with little variation, for three years and a half, the patient died from suffocation, some particles of bread and milk which he was taking for breakfast having fallen into the larynx.

On dissection, the trachea, just below the cricoid cartilage, was found contracted to the size of a goose-quill, the contraction being quite independent of adventitious deposit of any kind, the product of inflammation. The tracheal rings had entirely disappeared from the strictured part, whilst below, the constrictions of the rings were somewhat dilated beyond their natural calibre. The alæ of the thyroid cartilage were somewhat approximated.

The author considers it probable that the disease had a syphilitic origin, and that the contraction of the membranous part of the trachea was consequent upon the absorption of the cartilaginous rings, and the simple result of the want of antagonism from the latter.

## ACADEMY OF SCIENCES, PARIS.

January 3rd.

## AMPUTATION AT THE HIP-JOINT.

M. Larrey presented a report on a case of amputation at the hip-joint performed by M. Sedillot; this is the first successful operation of this kind ever performed at Paris.

The patient was a soldier, 28 years of age, who had compound fracture of the right thigh, in July 1837. After having suffered for a considerable time from the results of the accident, union took place, but the injured limb was again accidentally broken. The patient was sent from the country to Paris in the early part of 1840. The leg was shortened, atrophied, and completely immovable; the thigh covered with cicatrices and several fistulous sores; the femur was carious in several places, and the disease could be traced communicating with the hip-joint. The limb was removed on the 7th August, by the double flap operation. The patient was discharged well in 50 days, and now enjoys excellent health.

M. Sedillot asks whether this operation should be performed at an early period, and before the development of secondary accidents, or whether it is not more prudent to wait as he did, until the secondary effects of the injury have entirely disappeared. The author adopts the latter mode of practice. M. Larrey, on the other hand, affirms that primary amputation at the hip-joint may be performed in cases of recent injury as well as in those of chronic disease, and attributes the want of success in the former cases to the severe nature of the injury, on account of which the operation is usually required. M. Larrey also mentioned that he had performed this operation in two cases; in both the wounds had been completely healed, when the unfortunate patients perished from cold and deprivations of every kind.

## ACADEMY OF MEDICINE.

## LITHOTRITY IN A CHILD.

M. Segalas presented a boy, 23 months old, whom he had successfully delivered of a stone, 14 lines in diameter, by the operation of lithotrity. This was the youngest individual on whom he had, as yet, operated. A great number of sittings was required, but no bad symptom occurred. M. Segalas brought forward this case in support of the opinion which he sustains against most other surgeons—viz., that lithotrity may and should be applied to children. The arrest of the fragments of calculus by the narrow

urethra of the child does not seem to him to be a valid objection, because the fragments may be broken up in the canal.

January 18.

#### EXTIRPATION OF UTERINE POLYPI.

M. A. Berard, who, at a previous meeting, had shown a fibrous polypus which he had removed from the cavity of the uterus, after dividing the neck of that organ, exhibited another fibrous tumour, which he had extracted in the same manner and with equal success. The patient had laboured for a considerable time under uterine hæmorrhage, which had reduced her to the lowest state of exhaustion. Although the orifice of the uterus was open, it was not sufficiently so to allow the tumour to pass through it. M. Berard divided with a bistoury both sides of the os tinæ, and the tumour immediately descended into the vagina. The operator now fixed a hook into it, drew it down to the vulva, and removed it by cutting across the pedicle with a scissors. The uterus ascended quickly to its natural position, and the hæmorrhage did not recur. M. Berard thinks that facts of this kind should be made extensively known, for as many surgeons still think that a polypus enclosed in the uterine cavity is beyond the reach of operation, many females are allowed to perish whose lives might be saved by this method.

#### MEDICAL REFORM.

At a meeting of the Council of the North of England Medical Association, the following Memorial to the Home Secretary was adopted, and a resolution passed, "That it be a recommendation from this Council that Memorials of a similar character be forwarded to the Home Office from the profession generally throughout the United Kingdom:"—

*To the Right Hon. Sir James Graham, Bart., M.P., &c., Her Majesty's Principal Secretary for the Home Department.*

THE MEMORIAL OF THE COUNCIL OF THE NORTH OF ENGLAND MEDICAL ASSOCIATION, assembled at Newcastle-upon-Tyne, January 12, 1842.

Your memorialists have thus\* endeavoured to show, that the welfare of society at large, in relation to medicine, has been neglected by the chartered medical bodies of this kingdom; and it may be safely affirmed, that the interests of their own members have been equally disregarded by these institutions. The grievances of medical practitioners may be briefly summed up, as consisting in the unfair competition arising from the dissimilarity in the qualifications of candidates for medical practice and honours—the general neglect of their interests, ensuing from the want of a proper organisation in the professional body throughout the empire—the absence of a protective power for the qualified practitioner, against the encroachments of unqualified and ignorant pretenders to medical knowledge—the exclusion of their members from all control over the management of most of the medical corporations.

For the general direction and control of medical affairs in each division of the United Kingdom, your memorialists are of opinion that a presiding body or council is required, which shall be responsible to the Crown and to the profession.

To obviate the disadvantages arising from the dissimilitude in the regulations of the various examining and licensing boards, and to insure the general competency of all future candidates for medical practice, your memorialists conceive that a definite qualification should be established, without which no person should

receive a license to practise; that such qualification should be made uniform throughout England, Scotland, and Ireland; and that such license should convey the right to practise every branch of the profession, and in any part of the United Kingdom.

The possession of a NATIONAL LICENSE TO PRACTISE would by no means interfere with the existing classes of *physicians, surgeons, and general practitioners*, although a contrary statement has been pertinaciously adhered to by the opponents of medical reform, and by those who are interested in the continuance of the present state of affairs; *neither would it take from any university or college the privileges of educating students, or of granting degrees, diplomas, or other honorary distinctions.* The national license would certify, that the licentiate had been educated and examined in ALL the branches of medical science, to what branch soever he might more especially devote his attention, either in study or in practice; and although the London corporations collectively have declared that "a course of study and a test of competency adapted to each particular branch of the profession, affords a much surer guarantee for a high standard of qualification in each branch, than could be obtained by a course of study and examination common to all," the most eminent members of their councils have individually pronounced, that the education of the physician and surgeon should be the same; and as the *general practitioner* combines in his practice the practice both of the physician and the surgeon, it follows that ALL practitioners should, *in the first instance*, be similarly qualified. Degrees and titles in medicine and in surgery would, under such an arrangement, be (as they now are) open to those who might be anxious to procure them. The *honorary* diplomas granted by the College of Surgeons in London have increased in number since the passing of the Apothecaries' Act, although the course of study and examinations requisite for their attainment are entirely self-imposed on the part of candidates. Physicians residing in the provinces have also, at various times, connected themselves with the London College of Physicians, although the authority of that college is virtually restricted to the metropolis and its immediate neighbourhood.

A general and properly-classified registration of all legally-recognised practitioners would form a necessary part of an improved system of medical government; and although not so sanguine as to expect that any legislative enactment can wholly root out the evils of irregular and unauthorised medical practice, your memorialists trust that measures may be taken by the executive to counteract, as far as possible, the manifold injuries inflicted on society by such practice.

The above statements are respectfully submitted to you, Sir, in the earnest hope that the momentous subjects to which they relate may receive the immediate attention of her Majesty's Government.

(Signed) T. E. HEADLAM, M.D., Pres.  
C. T. CARTER, Hon. Sec.

#### MR. CARMICHAEL ON MEDICAL REFORM.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—In your last Number is a spirited and well written letter from a "Student of Medicine," who inquires "upon what grounds I make the suggestion that general practitioners ought to be excluded from any share in the government and regulations of our profession in the proposed uniform Faculty Act."

Now, although I am fully aware of the imprudence of replying to the communication of an anonymous writer, I shall not be over-scrupulous on the present occasion, and in order to explain my views and principles of medical reform more fully to the profession

\* We have been compelled, from want of space, to omit all but the essential parts of the Memorial.—Eds.



than were, perhaps, contained in my letter addressed to the premier, I shall gladly avail myself of the present opportunity, and endeavour to give a satisfactory reply to your correspondent's question.

1st, According to my plan of reform, all members of the profession, including general practitioners, shall in future be entitled to practise medicine under the same qualification; there shall not be a first-rate class of practitioners licensed for the rich, or an inferior for the poor, but all shall be tested by the same examination.

2ndly, It is proposed that all general practitioners shall charge for their attendance, but *not* for their medicine, which will effectually put a check upon the present *cramming* system, so injurious to the public and disreputable to the profession.

It is inferred that under these two regulations, which will have no retrospective operation on the vested rights of the present race of practitioners, the great majority of those who are thus qualified will commence their career as general practitioners, and that as they ascend in the scale of professional eminence, they will cease to supply their patients with medicine, restrict their practice to that of physic or surgery, or to both if it so pleases them, and no longer interfere in the practice of pharmacy. Under these views, is it not obvious that no qualified member of the profession will be actually excluded from "taking a share" in its government? And is it not equally evident that such government is more likely to be advantageously conducted in the hands of men who have risen to eminence by their industry, experience, and talents, than in those, however respectable they may be, who find it their interest still to remain in the capacity of the general practitioner, although I most freely admit there are many amongst them of high respectability and great talent?

To those who have not seen my letter to Sir Robert Peel, it may be useful to add, that I also proposed to institute in each metropolis of the United Kingdom a college of pharmacy, composed of members who will confine their practice *exclusively* to pharmaceutical objects. At present there is not a single licensing board in the empire which qualifies alone in pharmacy. Candidates who appear before the examiners of the Apothecaries' Companies of London and Dublin (there is not any Apothecaries' Company in Edinburgh), must qualify in the practice of medicine as well as in that of pharmacy.

The druggists of England, as appears by their late published transactions, are anxious to occupy the gap thus left open, and obtain a charter of incorporation, authorising them to practise pharmacy; and I sincerely hope they will succeed in their object, provided that they are not to practise medicine, *even in their shops*, but confine themselves strictly and exclusively to the practice of pharmacy, which, if cultivated as it ought to be, is amply sufficient to occupy the time of any individual.

I am, Gentlemen,

Yours, &c. &c. &c.,

RICHARD CARMICHAEL.

Dublin, Jan. 24, 1842.

## PRACTICAL SUMMARY OF FACTS IN MEDICINE AND SURGERY.

RECOVERY FROM ABSCESES IN THE LUNGS.

By Dr. GRAVES.

In the last number of the "Dublin Journal," Dr. Graves has published some valuable cases illustrative of the fact that patients may recover after the formation of large abscesses in the lungs. The following cases (which occurred in the practice of Dr. Stokes) are cited amongst several others:—

Mr. H., a gentleman aged about 22, was attacked with pain in the side, cough, and fever, and, in a short

time, with very copious purulent expectoration. Soon after this the signs of extensive abscess made their appearance in the antero-superior and lateral posterior of the lung. The patient was then considered to labour under tubercular caverns to a great extent.

Shortly after I saw him, when he presented the following symptoms: the whole antero-superior, lateral, and posterior upper part of the left lung, sounded extremely dull; perfectly distinct cavernous breathing, with large gurgling and pectoriloquy, were heard from second rib downwards to the mamma, and the same phenomena were audible along the fold of the pectoral muscle, from the axilla to seventh rib. The expectoration was copious, muco-puriform, but not foetid, and the pulse full, regular, and under 90.

The treatment adopted was palliative; the pulse soon became natural; all hectic fever ceased; the dullness of sound on percussion gradually diminished, and the patient in the course of some months was perfectly restored to health, all the signs of caverns having completely disappeared.

A child, aged 12 years, was attacked with measles, in the course of which severe pulmonary symptoms set in; the measles having subsided, the pulse continued quick, skin hot, and breathing hurried; in about ten days the patient commenced to expectorate a purulent matter of an offensive character. The fœtor of expectoration continued to increase.

I saw the child the third week after the disappearance of measles. The expectoration was copious, of an ash-grey colour, and of a horrible fœtor; in fact, the entire apartment was tainted by the smell; the left lung presented nothing abnormal, nor did the upper lobe of right; but the whole region of the lower lobe gave a perfectly dull sound on percussion; loud gurgling cavernous respiration, almost metallic, with a painfully distinct pectoriloquism.

The patient was ordered a milk diet, tonic medicines, and country air, and recovered perfectly well in the course of a few weeks.

Mr. D., aged about 25, high shouldered, and with a remarkable stoop, was attacked with cough in the autumn of 1839. His pulse became quick; he lost flesh rapidly, and presented the usual constitutional symptoms of phthisis in an early stage. Within a few weeks of the invasion of the disease, Mr. D. began to expectorate from half an ounce to an ounce daily, of a sanious purulent matter, having the colour of urine, but not offensive. He soon after came to town; the right clavicle was dull on percussion, the vesicular murmur feeble as far as the third rib; above the clavicle most distinct gargouillement existed, and the same could be heard in the acromial region, particularly when he coughed.

Soon after this the pulse became quiet, and the expectoration, though still preserving the above character, diminished in quantity. The patient went to the Cove of Cork, where he remained for the greater part of the winter season. He returned in spring, having become very fat, and without the slightest symptom or physical sign of any pulmonary disease.

I could add (says Dr. Graves) several similar instances of pneumonic abscesses to those already mentioned, but they seem amply sufficient to prove that the disease is of much more frequent occurrence than is supposed, and is more frequently curable than the serious nature of the lesion would lead us to anticipate.

These cases, too, shew that vast abscesses may be formed in the lungs, and yet the patient recover; and likewise, that real circumscribed abscess occurs more frequently in the pulmonary tissue than Laennec allowed, or his followers seem to believe. It is true, indeed, that where suppuration takes place in the lung, nature effects it in a manner either calculated to afford the readiest exit for the matter so formed, or best suited to promote its absorption.

This object, from the extent of the parenchymatous



structure of these organs, and its relation to the air cells and minute bronchial tubes, is most easily effected, by so disposing of the purulent fluid, resulting from inflammation, that it can, on the one hand, be with facility eliminated through the bronchial tubes, or on the other absorbed in the texture of the lung itself. In other organs and other parts a similar facility for mechanical elimination does not exist, and consequently the easiest step which nature can take is, to collect the puriform fluid, within the parietes of a circumscribed abscess, which may work its way outwards for the purpose of discharge. From this view it appears that, in other parts, circumscribed abscess is the ordinary means of evacuation provided by nature, and diffuse suppuration the exception; while in the lungs the reverse obtains, diffuse suppuration being the only rule, and circumscribed abscess the exception. The rationale here exposed has been well explained by Dr. Stokes, in his admirable treatise on diseases of the lungs, but at that time he wrote, neither he nor I were aware that large abscesses occur so frequently in the lungs, or are so often recovered from, as subsequent observation has shown to occur.

Some may think that the duration and previous history of the disease may serve to distinguish simple from tubercular abscess of the lungs, but a more accurate examination of facts will show that no reliance is to be placed upon either as a means of diagnosis, for, on the one hand, tubercular abscess sometimes forms in the course of a few weeks from the apparent commencement of phthisis; and on the other, simple pulmonary abscess is often preceded by inflammation of many months' duration, and the origin and progress of the symptoms are quite identical with those of phthisis.

It was my intention to have added some observations upon several remarkable cases of phthisis which have occurred in my own practice, and the practice of Dr. Stokes, and in which the patients recovered either temporarily or permanently in a manner quite unforeseen and unexpected. In some recovery took place after the occurrence of abundant tubercular deposition and crepitus, and in others after the formation of tubercular cavities.

When the disease was produced by the operation of accidental causes in constitutions apparently sound, the recovery was not so surprising; but we have witnessed recovery in many of a phthisical constitution, and several members of whose families had previously fallen victims to consumption.

Facts such as these ought to prevent the practitioner from placing too great reliance upon stethoscopic examinations, as a positive means of prognosis; for it may be looked upon as established, that phthisis, like most other diseases, *does not always necessarily progress to a fatal termination.*—*Dublin Journal, Jan. 1842.*

#### IODINE INJECTIONS FOR SEROUS CYSTS.

Serous cysts are frequently found on the neck, in front of the different joints, in the mammae, &c. Instead of extirpating them, M. Velpeau proposes the following method of treatment:—A trochar having been passed into the cyst, and the fluid drawn off, an injection of one-third of tincture of iodine to two-thirds of water is thrown in; this is allowed to remain in the sac for a few seconds, and then pressed out again, a small quantity being suffered to remain behind. The tumour soon becomes painful, but absorption commences in a few days, the tumour diminishes, and shortly disappears altogether. M. Velpeau has employed this mode of treatment with excellent effect in various cases of encysted tumour. It should be observed, however, that frequently three weeks or a month will pass over before the cysts are completely obliterated.—*Journal de Med. Pratique.*

#### EFFICACY OF OXIDE OF ZINC OINTMENT IN CERTAIN DISEASES OF THE SKIN.

M. Martin-Solon has published some remarks on

the efficacy of this ointment in the treatment of eczema, ecthyma, and impetigo. The ointment is composed of one to three parts of oxide of zinc, rubbed up with thirty parts of lard, and is used night and morning. The strong ointment may be employed when the cutaneous affection has partially disappeared, and all irritation of the skin been removed. M. Martin-Solon recommends this ointment especially for eczema. Whether the disease occupies an extensive surface of the body, or is confined to certain parts, the use of this remedy almost always removes the unpleasant itching and discharge, and procures a rapid recovery; more particularly if aided by long continued amylaceous baths. In some cases of excoriation and fissures of the nipples, and vulva, this remedy has likewise produced the best effects.—*Ibid.*

#### ANOTHER CASE OF NEGLIGENCE OF A MIDWIFE.

##### THE STOCKPORT BOARD OF HEALTH.

Another of those deaths which have so frequently arisen from the negligence or carelessness of the midwife, occurred the other day, being another illustration of the daily *advantages* of a "free trade in medicine and no monopoly." It was that of a young woman named Pickering, aged 20, who being pregnant of an illegitimate child, and belonging to the above institution, was attended in labour on Saturday, the 11th Dec., by Thomas Barton, a young lad 16 or 17, now apprenticed to Mr. Pigot, the accredited surgeon to the Stockport Board of Health. It appears that Barton left his patient in about ten minutes, having neglected to remove the placenta, in consequence of which omission she died on the 29th.

Information of the circumstances having reached the coroner, he authorised Mr. Graham, surgeon, to make a post mortem examination of the body.

Mr. Graham, the first witness examined, stated in effect that he had made a post-mortem examination of the body of the deceased. Found the brain and contents of the chest in a perfectly healthy state. On examining the abdomen, &c., had no doubt, from the appearances, that the deceased had met with her death owing to the ignorance and unskilful treatment of the individual who attended her.

The evidence of Mrs. Selby, Mrs. Gallimore, and Mrs. Bunting were then taken at some length. The result of their testimony was that Barton delivered Pickering of a boy (which is living), but did not bind up the body of the mother or bring away the whole of the placenta, though he gave them to understand that "all was right." Portions of the placenta were removed three days after by other parties than by her medical attendant.

Mr. Richard Pigot said he was surgeon to the Board of Health. It was a society who enjoy by subscription the advantages of medical attendance. The number of members was upwards of 2,000; there was only one surgeon, an assistant, and two apprentices. The assistant had not "passed," but thought he was now out of his time. Thomas Barton had been an apprentice four or five months, having been with Dr. Ryan previously, perhaps altogether eighteen months. Witness was of opinion that deceased died in consequence of a part of the placenta having been left in the womb, inflammation, and he suspected mortification, having ensued. She would have recovered had the whole of it been taken away, as it ought to have been. She was not labouring under any disease other than that in question. Barton had been in the habit of attending young women in labour; he had attended, to witness's knowledge, a dozen. He must have attended some when with Dr. Ryan. Cannot account for this negligence, or the reason why



he did not send for some other person, when he found he could not accomplish his duty. From what the father had said, when he came for witness, he suspected that the placenta had not come away and accordingly went to Barton in the parlour, and asked him the question. He answered he had not removed it, because he could not!

This being the whole of the evidence for the crown, The coroner, having cautioned Barton, who was in charge of the constables, asked him what he had to say in this matter.

Barton declined saying anything.

The coroner then summed up the evidence; and stated that, from the testimony of Mr. Graham, the surgeon, and the admission of Mr. Pigot, the death of the deceased had undoubtedly been occasioned in consequence of this young man having failed to bring away the "afterbirth." The question for the jury was, whether the neglect was of such a degree as to amount to a verdict of manslaughter against him. There had been many decisions where professional men had been made amenable to the law; but then that must be proved either criminal negligence or gross ignorance on his part. Certainly in the present case there had been a great degree of rashness and neglect of duty, for it was his duty to have remained with this young woman until the "afterbirth" came away. When he went home he told Mr. Pigot that all was well, and that the birth was an easy one. It was therefore for the jury to consider whether, having taken the duties upon him, Barton had exhibited a want of care or a want of proper skill, by either of which this female had died: if they thought so, then it would be their duty to find a verdict of manslaughter against him.

The jury consulted for some time, and returned as their verdict, "Manslaughter against Thomas Barton for gross neglect, and the jury also say that it is their opinion, that any medical man, by sending apprentices to attend to cases of labour, is guilty of great negligence, unless the apprentice is properly qualified to undertake such cases, and that it is the duty of all medical men, in any case where their apprentices have attended, to see the patient as soon as possible afterwards."

The coroner then made out his warrant, and Barton was fully committed for trial at Chester Assizes.—*Abridged from the Stockport Journal.*

## A PRESCRIBING DRUGGIST IN DANGER.

An inquest was held on Saturday evening, before A. H. English, Esq., city coroner, on view of the body of Eliza Gay, a child about nine years of age, whose death occurred under circumstances which called for the investigation of a jury. The coroner explained to the jury that the cause of their being summoned was that the child had died after a long and lingering illness; and the question for their consideration would be, whether it had received proper medical attendance. It had come to his knowledge that the child had been prescribed for by a druggist of the town; and without wishing to question that gentleman's ability he would say that, for the public safety, it was necessary that none but duly legalised practitioners should interfere, even if death had been hastened by a day. It was supposed that the advice of Mr. Biggs had hastened instead of averting the death of the child; and it was therefore necessary for the protection of the public, as well as for the satisfaction of Mr. Biggs himself, that the present inquiry should be instituted.—Mrs. Gay, the mother of the child, was examined, and deposed that the child had been ill nearly two years, that Mr. Cox had attended her for the last week, but that previous to that period Mr. Biggs of Charles-street, had attended another child, which was since dead, and had also prescribed for the child on which the inquest was

now held. He sent some drops, which were to be taken ten drops three times a-day, and which were administered for the first two days. The child then seemed to get worse, and witness then gave her only five or six drops of the mixture per day. Before Mr. Biggs attended the child, she was under the care of Dr. Bowie. She took no advice from the time Mr. Biggs prescribed for the child, till finding she was no better, Mr. Cox was called in. Mr. Cox inquired how long after the drops were given the gums became affected? to which the mother replied, that it was about a week. Witness did not consider there was anything the matter with the mouth of the child, till she observed her pull out five of her teeth on Saturday, the 25th ult., and one on Sunday the 26th. The child appeared to be in great pain all the time.—Mr. Cox, surgeon, was next examined; and deposed that he attended the child first on Sunday, the 26th, and found her suffering from an affection of the chest, with dropsy of the legs. The mouth, gums, and cheek, were in a state of mortification,—such as would be produced by taking mercury. I inquired of the mother if mercury had been given, she said she did not know; but informed me that Mr. Biggs had been attending the child, and also another which was then lying dead. I saw the child could not recover, and this I stated. From that circumstance, and from the general debility, I did not make a minute examination of the chest; not thinking it advisable, therefore, I cannot say whether there was sufficient disease of the chest to produce death. From the general symptoms, I should say that mortification of the mouth, cheek, and gums, was sufficient to produce death; but I cannot say whether it arose partly from that, and partly from a disease of the lungs. I prescribed such medicines as I thought necessary, and continued to attend the child till its death. I have examined the bottle containing the drops sent by Mr. Biggs, but cannot tell whether there was mercury in it or not. No proper prescriptions would cause the effect in a child's gums which has been produced in this instance.—Mr. Biggs, druggist, of Charles-street, being called by the coroner, said, he was not aware that he was not entitled to prescribe for the child, and that he would not shrink from answering any question which might be put to him. Mr. B. said he called himself an apothecary in this instance, as he practised before the act prohibiting unlicensed persons from practising was passed in 1815. He was 49 years of age next May, and was more than 21 years of age when he commenced practising in Bristol, on his own account. He attended the child, and prescribed for it on the 14th Dec.; but had not seen the child since, though he had promised to. Mr. Biggs's prescription-book being sent for, and the entry of the prescription proved, Mr. B. said the mixture was prepared accordingly. Mr. Cox explained that the compound did not contain any mercury, and that there was nothing in it at all likely to cause the appearances which were presented by the body, or to hasten the child's death.—The coroner having summed up, the jury returned a verdict of "Died by the visitation of God."—Mr. Cox, in answer to some observations which had fallen from Mr. Biggs, said, it was not only his opinion, but that of many others, that he (Mr. B.) was not a regularly-qualified practitioner; and that it was much to his interest that the inquest should be held.—*Bath and Cheltenham Gazette.*

## ON RHEUMATIC DERMALGIA.

Ry J. H. S. BEAU, Physician to the Central Bureau of the Hospitals of Paris.

Neuralgia of the skin has hitherto been usually confounded with pains of the nervous trunks, muscles, &c. M. Piorry was the first who referred it to a separate head under the name of *dermalgia*. It frequently



coexists with neuralgia of the nervous trunks, with ramollissement of the brain; or occurs in cases of inflammation of the spinal cord. Severe pain in the uterus is often attended with dermalgia of the skin of the pelvis and thighs, and clonus hystericus is frequently a neuralgic affection of the skin.

There are several other forms of this affection, but one which has escaped notice down to the present time is rheumatic dermalgia. This is of more frequent occurrence among men than women, and is induced by damp, cold, and those other causes to which rheumatism generally is owing. Hence it is most common at the beginning of spring. The head and lower extremities are the parts usually attacked, but the pain is not stationary in one place; often changing its seat in a gradual manner, just as erysipelas sometimes wanders from place to place. Patients experience two kinds of pain, the one abiding, the other intermittent and severe, resembling the prick of a pin or an electric shock, and recurring about every thirty seconds. The abiding pain is frequently a little more than a permanent exhalation of the natural sensibility of the skin. Friction of the part with the finger or the patient's dress, always increases the pain; and if the affected part is covered with hair, very severe suffering may be produced by passing the hand over the hair. The intermittent pain is often at once excited by touching the part in this manner, and though firmer pressure puts a stop to a permanent pain, the return of the intermittent pain cannot be thus prevented. The intermittent pain is always considerably worse at night. Rheumatism of the skin usually alternates with that form of the disease which affects the muscular and fibrous tissues. Its usual duration is from a day to a couple of days, and it subsides by degrees just in the same way as it made its attack. The author met with three instances in which it was accompanied with fever and involved a much larger surface of skin than usual. It is, in general, an affection easily curable. The indications for its treatment do not differ from those to be observed in ordinary rheumatism, but it does not generally require any very active remedial measures. To prevent its recurrence, it is always desirable for the patient to wear flannel next his skin.—*Dr. Forbes's Review from Archives Générales de Médecine, Septembre, 1841.*

## NEWSPAPER PUBLICATION OF SURGICAL OPERATIONS.

[The following remarks appear to us so apposite at the present epoch of newspaper puffing, that we extract them from the last number of the "American Journal of Medical Sciences."—Eds.]

A correspondent of the "New York Medical Gazette," inquires whether the practice, adopted by some surgeons, of publishing or allowing to be published in the newspapers, accounts of their operations, is not objectionable, and contrary to the spirit of our laws regulating medical ethics?

The affirmative of this question seems to us to be so firmly established, that it has struck us with surprise that it should be, by any one, considered as a doubtful point. We are fully aware that the course of certain members of the profession has not been in accordance with such a view of the subject, but we presumed they have been regarded by the more honourable portion of their brethren as violators of the settled code of medical ethics, and that they themselves had knowingly infringed it, and acted in defiance of its requisitions. Since the point has however been mooted we transfer to our pages the answer of our cotemporary, the propriety of which we entirely endorse, and in confirmation of the correctness of the sentiments expressed, we refer to the resolutions adopted at a meeting of the East of England Association, and which will be found at p. 512 of this Number.

"In reply to the queries of our highly respectable

correspondent, we have no hesitation in declaring our opinion, that the practice alluded to is 'objectionable and contrary to the rules of medical ethics.' The sentiments of the better class of the profession have always been decidedly opposed to it, and those who pursue it must not be surprised if they are coldly looked upon by their brethren, and by them and by the public confounded with the mass of advertising charlatans, who have passed the barrier which separates the modest exercise of a scientific calling from the venal practice of the shameless empiric. Publications of this kind are open to suspicion, which no disclaimers or denials will remove, of being obtained for the purpose of notoriety and self-aggrandisement. Neither the public nor the profession will be so simple as to believe, that the editors of political journals would insert puffs of this sort unless in some way prompted to it by the party to be benefitted. From suspicions of this kind, the sensitive mind shrinks back with abhorrence. The man of true professional honour, will sedulously strive to keep himself in all such matters, not only free from fault, but, obviously and incontestably, above all suspicion. Such an one will carefully 'avoid the appearance of evil.' And if there are those who, desiring to retain their respectability—yet from the lack of professional delicacy, or, from an uncontrollable thirst for notoriety, have allowed themselves to be seduced into such practices, let them be assured that though *notoriety* may be attained in this way, *fame* never can. The artifice is easily seen through by the profession, and will soon be by the public; and then will the performers of these 'novel operations,' 'extraordinary surgical feats,' &c., find themselves reduced to the level of the more open and shameless, but not more culpable, advertising venders of panaceas, pills, and nostrums.

"The history of many persons who have pursued this course among us, attests the truth of these observations. In this, and every other country, the reign of puffery and self-glorification is short. Those who have risen to the highest rank in our profession—the Rushes, Physicks, Coopers, Brodies of their day—have done so, by steadily and industriously pursuing the open, honourable path of professional competition, suffering no inducement to tempt them to stray for a moment from the strict line of propriety. This practice must be, and we are confident will be, frowned upon by the profession. Upon this ground, all the honourable men in the profession should unite, and strive by every means in their power, to bring about the time when, in the language which we have once before quoted from the London Lancet, '*no greater condemnation can attach itself to a medical man, than to have his name vaunted and his deeds praised, in the ignorant effusions of political journals.*'"

## BOOKS RECEIVED.

An Exposition of the Pathology of Hysteria. By E. O. Hocken, M.D. London: Higley, 1842.

The Medical Student's Guide. Dublin: Fannin and Co., 1842.

Fourth Annual Report of the Suffolk Lunatic Asylum, 1842. By John Kinsman, M.D., Resident Physician.

## CORRESPONDENTS.

We have been compelled to postpone the insertion of several communications.

*A Constant Reader.*—From the statement forwarded to us, we think that our correspondent may undertake the duty which he contemplates.

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## COURSE

OF

## LECTURES ON PHYSIOLOGY & SURGERY.

By JOHN HUNTER, F.R.S.,

(From the Manuscript of Dr. Thomas Shute.)

### Lecture XXII.

#### ON CHANCERE, &c.

Seminal weakness is a supposed consequence of clap. This opinion arises from a mucus which is discharged with the urine, by some men who have been clapped; it generally comes away in the greatest quantity when at stool. It is the secretion of the prostate, and what are improperly called the vesiculæ seminales. From its being a common opinion that discharge of semen produces weakness, such people suppose that they grow weak, which opinion may produce actual weakness. The colour and consistence of semen is very much like cream, and what is afterwards ejected is the secretion of the before-mentioned parts; it becomes more fluid on exposure.

The fluid of the vesiculæ seminales differs in consistence, colour, and smell, and is not more fluid when exposed. It may be urged that the colour alters by putrefaction; I examined it, therefore, in a man almost immediately after his death, and found it of a lighter colour, but it was still darker than semen. The fluid in the vas deferens always appears different from that in the vesiculæ seminales.

A gentleman who had such a discharge was extremely uneasy about it; I did all I could to explain to him that it was not semen, but without effect. I at length desired him to make an experiment and compare them; this he did, and was then convinced of their difference.

Many strengthening medicines are recommended for this disease, but all of them probably have no effect. It may arise from a too great degree of action in the muscles, as the acceleratores urinæ, by which the fluids are forced out.

Chancre is produced from the venereal virus contaminating a surface which is not secretory. It, therefore, has no means of forming pus to wash off the offending matter, but by first ulcerating. The poison has not strength enough to blister the part, otherwise a suppurative surface might be produced without ulceration; for, when the cuticle is removed, the cutis is very susceptible of ulceration.

Chancres are not so frequent as gonorrhœas, for several reasons: from their situation the matter is more likely to be wiped off before it can take effect, and from their being produced on a cuticular surface, which, perhaps, is not so susceptible of the disease. The proportion may, perhaps, be six to one. The parts in men most exposed to chancre are generally the frænum, glans, prepuce, skin on the body of the penis,

and scrotum. It is generally later in appearing than a clap; however, it has been known to appear in twenty-four hours, and in one case it was seven weeks.

In the glans it generally appears at first as a pimple full of matter, with very little surrounding hardness, and the inflammation is very circumscribed. In the prepuce the hardness is generally much greater, its loose cellular texture producing it, by admitting of an easy extravasation of lymph. It is very necessary to attend to the first appearance of a chancre and its progress, by which the state of the constitution will be known, and the proper mode of treatment. Sometimes they form a deep slough, strongly tending to mortification, sometimes attended with hæmorrhage. They first begin with an itching in the part; this soon changes to pain. The urethra sometimes sympathises in a slight degree, causing a little pain in making water, but not producing any discharge. This sympathy will sometimes come on before the appearance of the chancre.

Those which are on an exposed surface scab over, as on the body of the penis and scrotum.

Chancres in women are situated on the skin of the labia, and are generally more in number, from the surface being more extensive. The matter sometimes runs down to the anus, producing chancres there; sometimes chancres are produced in the vagina.

*Cure of Chancre.*—The simplest method of treating chancres is to destroy them by caustic; this must be repeated until the granulations look healthy. This mode of treatment will not succeed in all cases, because in some the venereal inflammation will increase faster than the caustic destroys it; if, for instance, the caustic destroys the surface for the thickness of a shilling every day, and the venereal inflammation increases as much every day, then no ground is gained. This objection may, perhaps, be obviated by using the lapis septicus. The proper applications are mercurials, which are better joined with balsams. Precipitate is a good application when in such quantity as to act as a digestive; to prevent its irritating too much it may be joined with opium. Applications have their powers soon weakened, the matter covering and defending them from the stimulus. If the applications are joined with watery substances, their effects will last much longer, from their incorporating with the matter.

Mercury internally should always be given for chancre.

#### WARTS AND EUBOES.

Chancres often leave in the part a disposition for ulceration, the cicatrices frequently breaking out again; these ulcers, however, are not venereal. This can only be ascertained with certainty by repeated experiments. When spreading they are slower in their progress, the surrounding edges are not so hard, nor do they produce buboes.

These breakings out are sometimes periodical, appearing exactly after the same intervals for several times. From clap there are sometimes the same periodical returns. As this is not a specific disease, it is, therefore, generally difficult to cure.

These returns are generally on the prepuce, but always at or near the place where the chancre was situated.

From venereal virus parts acquire a disposition to form warts. Chancres often heal in such, and they often arise in cases of claps.

It is an excrescence of the cutis, covered with cuticle, arising in a granulated surface. It never increases at its basis, but has a power of increasing from itself, swelling out into a rough surface, therefore appearing to hang by a penduncle.

It is so little of a true animal part, that it easily loses its life; a surrounding inflammation often destroys it.

Escarotics, by destroying a part, will kill the remainder; therefore it is not always necessary to destroy the whole.

The rust of copper, with savine-leaves powdered, is often used to destroy them; they have so little life that a slight stimulus often kills them.

*Absorption of the Matter.*—This may be divided into three kinds: the first, when applied to a surface, and taken into the constitution without having produced any local effect; the second, when the matter has previously produced a local effect, but no ulceration, as when absorbed from a clap; the third is the absorption from an ulcer. This last is by much the most frequent.

If a comparative view was taken of the proportionate number of poxes received in the different ways, perhaps they might be nearly as follows:—The first mode when compared with the second, one in a hundred; the second compared with the third, one in a hundred. In chancre, perhaps not one in a hundred escapes from absorption; and in five hundred connections with infected persons, not more than one, perhaps, will be poxed in the first way.

When the matter is taken up, probably it produces in the beginning of the absorbents the same disease. The inflamed lymphatics pass often to the pubes and groin; often two or three abscesses are formed on the skin of the penis in the course of the lymphatics. The second is a contamination of the lymphatic glands, and these appear much more susceptible of the stimulus than the lymphatics themselves.

The first gland is always affected, but none of those which the matter passes through afterwards.

When matter is absorbed from the hand, it often forms a bubo near the bend of the cubit, on the inside of the biceps, but then there is no swelling of the axilla. Why the first gland only should be affected, is not easy to determine, whether the matter is weaker from dilution, or that it afterwards passes through deep-seated glands, which are not so susceptible of the disease. The matter from a venereal bubo is capable of communicating the disease.

#### BUBOES IN WOMEN.

As in these there is a much more extensive surface for absorption, the seat of the bubo is different. When the chancres are in the labia, the bubo is generally in the groin; when in the perinaum or near it, then it is sometimes in the angle between the labium and thigh. From the clitoris and nymphæ the bubo is in the course of the round ligament.

Some buboes are very indolent; others are of an erysipelatous disposition.

*Cure of Buboes.*—They should be dispersed if possible. The powers of mercury may be increased by the manner of giving it; that is, by considering the situation of the bubo, and applying the mercury on such a surface as that it may pass through the bubo in the course of absorption; but sometimes the

situation is such that the surface for application is not large enough, as when the bubo is on the penis or in the round ligament, or near the pubes. When the bubo is on the thigh, then the surface for application is very large, because the lymphatics of that extremity pass in common through it.

Evacuations should be used; vomits are sometimes useful; they act, perhaps, by revulsion.

If the bubo is of an erysipelatous disposition, bark is the best medicine.

The matter of a bubo is proved to be venereal from the accident which surgeons have sometimes met with in cutting their fingers. In the opening it is only to be considered as a common abscess, a simple incision being sufficient. The quantity of mercury to be given is not ascertained; it should be given for some time after all the appearances are gone; it ought also to be continued during the whole of the cure. If the cure is entirely performed without mercurial applications to the sore, then more mercury may be given than is necessary, from the length of time which it will take to heal.

And by the application of mercury to the sore, it prevents our knowing, from its appearance, the internal operation of the medicine.

There are some buboes of a particularly bad disposition, which seem to arise from a particular constitution. In such, when the venereal disposition is nearly or quite destroyed, a new disposition arises, causing the sore to put on a foul appearance, and to ulcerate and fly out very fast. Mercury increases the disposition, making it worse; bark should then be given very plentifully, which generally brings the sore into a better state; it will begin to look well and heal, and will continue healing until it is nearly well, when it will again take on the venereal disposition, and begin to fly out again, when mercury must again be had recourse to. Thus these cases are continually fluctuating, getting better and worse with the same medicine, vibrating backwards and forwards as the pendulum of a clock. With each medicine it will nearly heal up before it flies out, and generally some ground is gained each time until it gets quite well. It is sometimes necessary to give hemlock in these cases.

Hemlock has sometimes cured them. If this new disposition arose from the venereal disease, and the giving of mercury joined, then the disease would be specific, because the same two causes always producing it, a disease of the same species must have been the consequence; but probably it arises from the constitution, otherwise it would be more frequent. Perhaps there is something scrofulous in this disposition; this disposition makes the cure of the venereal more uncertain.

When the mercury disagrees with the ulcer, the venereal is weakened, but not destroyed.

The cure will be to attend to the predominant disease. It often gives way to hemlock; sarsaparilla is often of service; sea-bathing would, perhaps, be better than either.

#### CONSTITUTIONAL VENEREAL DISEASE.

When the venereal disease gets into the constitution, it appears in a thousand different shapes; this depends, perhaps, on the time it has been there, and the habit.

The time of its appearing after absorption is usually about six weeks; but this is uncertain, it sometimes being much longer. A gentleman who had a chancre had eruptions come out all over him in a fortnight, but then he had had a clap for some time before, and it might have been in consequence of a previous absorption, or it might have been received in the first way by some previous connection.

The effects produced are usually in proportion to the time the disease has been in the constitution.

When appearances of the disease have been removed, it frequently returns in another form, but



seldom attacks the same part twice; the same part seems not to be again susceptible of it. Each time that it returns it is slower and slower in its progress, and becomes more and more serious, being each time more difficult of cure.

The difference which there is in the time of its appearance at first perhaps makes no difference, but each succeeding appearance acquires new strength.

Recent cases are easiest of cure; old ones are more difficult, in proportion to the time the disease has been in the habit, even where the symptoms are the same. It is frequently said that this disease sometimes lurks a considerable time in the habit; whenever that is the case, the constitution must have been a long time accustomed to it. Every return of the appearance of this disease is at greater intervals of time, until it may be years in returning. In time it becomes so interwoven in the constitution that the nerves are not affected by it. Its becoming worse may not arise from its being really worse, but from the disease attacking parts whose powers of life are weaker.

The first appearance of the disease is in the most external parts, the skin, mouth, and throat. When it first appears upon the skin, it is all over mottled with small copper-coloured spots; many of these disappear, and others continue, gradually altering their size and appearance; a copper-coloured scurf or scales form, which fall off; each time they grow thicker and thicker; matter in time forms under this scab, and it ulcerates, making a foul sore.

These spots spread until frequently they are the size of a shilling. The inflammation of the ulcers is seldom attended with pain, as in chancres and buboes. From the loss of cuticle an exudation at first arises, which gradually changes to true pus. The copper-coloured spots frequently appear in a night's time; they are a discoloration of the cutis under the cuticle. They are seldom attended with so much violence and pain as those ulcers which arise from the immediate contact of venereal matter. This disease sometimes attacks the root of the nails of the fingers; old authors speak of all the nails sometimes falling off.

When these eruptions attack a part where skin is opposite to skin, as between the nates, the perinaeum, and thigh, under the scrotum and arm-pit, they there put on a different appearance, forming a white scurf and a rough warty kind of surface, discharging a white matter. These are also more painful.

Ulcers in the throat and mouth form no scab, and their progress is usually quick, whereas in eruptions it is frequently very slow. The ulcers are very foul, with thickened edges, which is usually the case in all ulcers that are not disposed to heal; they are not so painful as the common sore throat. The patients speak thick, as if their tongue was too large, and rather snuffle in their nose. When these symptoms have been cured they will frequently return again the same as before, but it is more frequent for them to return in a different form. The disease generally then attacks the fascia, tendons, periosteum, and bones; these symptoms are slower in their progress, and more difficult to cure. The longer the disease has been in the constitution, the less is the inflammation produced by it, and the ulcers which it forms discharge a glairy kind of matter instead of pus. The diseased parts often acquire an indolence when the virus is destroyed, neither easily suppurating or ulcerating. Nodes in bones and tendons will sometimes remain for years.

I doubt whether the matter discharged from ulcers formed by the constitution is venereal or not; my reasons are that a bubo is never produced from an absorption of this matter; if there was, buboes would arise from venereal ulcers in the leg, and buboes in the axilla from ulcers in the arm. If the matter was venereal, the oesophagus would be clapped, by ulcers in the throat and mouth. From considering these

circumstances, I inoculated a man in the back with matter taken from a pocky sore of the same man, in three places, and then made a fourth puncture with a clean lancet; none of these produced any effect. I afterwards inoculated him with the matter from a clap, and it produced a chancre; I also inoculated another man from the matter of his own chancre, and it produced a chancre.

With the matter from a constitutional ulcer I inoculated a clean patient, and it produced no effect.

It appears very extraordinary that the matter from such constitutional sores should not be venereal. It may be said that, as a proof of their being venereal, mercury will cure them; but that is no proof at all.

The effects produced on the constitution are nearly the same from all irritations.

When the poison enters the constitution it causes rigors, headache, and is very similar to the first attack of fever; it produces hectic symptoms, like other stimuli, and causes loss of appetite and flesh.

The symptoms which it produces are infinite; a gentleman had a teasing cough for a considerable time, which would give way to nothing but mercury, which quite cured him. Local complaints remove the continued fever.

## OBSERVATIONS

ON THE

CLIMATE, TOPOGRAPHY, AND DISEASES

OF THE

BRITISH COLONIES IN WESTERN AFRICA.

By E. J. BURTON, M.D.,

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No. VII.

FEVERS OF WESTERN AFRICA.

*Purgatives.*—Upon first visiting a patient attacked with bilious remittent fever, it is necessary to administer purgative medicines, until the bowels are fully and freely acted upon. In the majority of cases the following pills will be found the best to commence with, as they act upon the whole length of the alimentary canal:—

Calomel and compound colocynth pill, of each ten grains;  
Oil of peppermint, two drops;  
Gum mucilage, enough to make four pills.

These pills should be taken immediately, and two hours after their administration a Seidlitz powder, with the addition of two drachms of sulphate of magnesia, should be given; and when the bowels seem inclined to act, an injection of warm water and sulphate of soda, with the addition of some castor oil, should be thrown up, to assist the operation of the medicines. Should the foregoing medicines not empty the bowels in a satisfactory manner, and there is no irritability of the stomach present, a powder, containing a scruple of jalap and ten grains of calomel, may be given; or if there is any tendency to gastric irritability, one of the following pills should be ordered every two hours until the desired effect is produced:—

Croton oil, six drops;  
Calomel, one drachm;  
Oil of peppermint, six drops;  
Blue pill, enough to make a mass. To be divided into six pills.

These doses are calculated for adults of full habit and strong constitution; they are merely given as a general guide, as the purgatives used must in all



patients be regulated, both as to kind and quantity, by the peculiar circumstances of the case. It sometimes is extremely difficult to open the bowels freely in this fever, and in one case six of the pills above recommended were taken before free purgation was produced. When there is much gastric irritability, the croton oil is an exceedingly valuable medicine; in some cases the vomiting is so continued, and the nausea so excessive, that more bulky purgatives cannot be retained, or even swallowed. The nausea, however, is seldom sufficient to prevent the patient's taking a small pill; but should this be the case, a drop or two of the oil may be given in an effervescing draught, or in any beverage which the patient is at the time using, or the oil will produce the desired effect by simply placing it on the tongue, and assisting its operation by purgative enemata. In cases of gastric irritation, clysters\* are extremely useful, as a means of aiding the remedies administered by the mouth; but their sole action cannot be depended on, as they most probably have not the power of producing any considerable effect beyond a limited distance. This at least seems to be the general idea; my opinion, however, is, that they do act in a minor degree along the whole course of the intestinal tube, certainly not by actual contact or application of the injected substance, but by a sympathetic continuation of the peristaltic motion. Although the purgatives above described always proved perfectly satisfactory and effectual in every case which came under my care, their exclusive use is not insisted upon; but a free action of the intestinal tube, by whatever medicines produced, is absolutely required. With regard to this class of remedies, it is only necessary further to observe, that fully and freely opening the bowels in every case, at the very outset of the disease, is highly important, in fact, indispensable; indeed, a thorough cleansing of the intestinal canal, by active purgation, must be considered as the only sure foundation of a successful treatment.

*Mercury.*—The preparations from this mineral, so extremely useful in the treatment of many tropical diseases, and declared by some writers to be the "sheet anchor" in tropical fevers, are undoubtedly of such importance and utility in treating the disease at present under consideration, that it is impossible to dispense with them in any case without seriously compromising the safety of the patient. It has been declared by writers of no mean authority, that salivation does not insure the safety of the patient. This assertion will hold true if ptyalism is solely depended on, to the exclusion or neglect of other important means of cure, or if the medical attendant relaxes his exertions after mercurial action takes place, under the erroneous supposition that further attention is not required. On the other hand, it may be asserted, that after salivation has fairly set in, the patient is to be considered beyond the pale of danger, and nothing but the most egregious mistake or neglect on the part of the medical attendant, or the most unpardonable disobedience of orders on the part of the patient, can lead to a fatal result.

The period of debility supervenes when the febrile action is subdued, and after salivation has taken place; and the most careful exhibition of stimuli, nutritious light food, and appropriate tonics, are required to complete that cure, the sure and certain foundation of which has been laid by salivation, and previous judicious treatment. In the commencement of this fever, calomel in rather large doses—say ten grains—should always be exhibited, in combination with other purgatives, for the purpose of unloading the bowels; and after due purgation has been produced, moderate

doses should be regularly and frequently repeated, until ptyalism has been fairly established. The following formula was always used by me, and it seemed to disagree less with the stomach, to act less powerfully on the bowels, and, if observation serves me right, to produce salivation much quicker than calomel in an uncombined state:—

Blue pill and calomel, of each one scruple;  
Nitrate of potass, eight grains;  
Oil of carraway, three drops. Divide into eight pills.

Two of the above pills should be repeated every four hours, except once at the beginning of the night, at which time there is always an increase of restlessness, when it is recommended to give a pill containing from fifteen to twenty grains of calomel. The patient usually implores his medical attendant for something to make him sleep at night, and in many cases I have found a large dose of calomel produce the desired effect; and, in the majority of patients, it at least materially assists in calming the irritation of the nervous system. When great irritability of the gastric organs is present, it becomes injudicious, indeed sometimes impossible, to repeat the pills every four hours; under these circumstances, less frequent but increased doses must be exhibited. Frictions, with mercurial ointment, are seldom had recourse to until alarming or even fatal symptoms have shown themselves; they are then of little or no use, from the simple circumstance of their being employed at too late a period to have any effect on the system. In every case treated by me, frictions, with mercurial ointment, were commenced the moment the disease made its appearance, and regularly continued until salivation was established; this is a much milder mode of inducing ptyalism, and less objectionable, in many points of view, than administering mercury solely by the mouth. Salivation produced in this manner is never so severe or annoying, and, what is of considerable advantage in this disease, is more permanent than when frictions are omitted; besides which, it is not necessary to torment the patient by such large or frequently repeated doses of mercurials. One of the greatest advantages of ptyalism is, that on a free flow of saliva taking place, and being well established, light nutriment, wine, quinine, and other tonics and restoratives, may be administered with the most beneficial effects; but their exhibition, even after the total cessation of fever, when salivation has not been produced, is in many cases the cause of relapse, and relapse in these fevers is synonymous with death. It has been argued that the specific effect of mercury cannot take place during the existence of febrile action, and further, that this medicine has not the power of producing a cessation of febrile diseases. That it is much more difficult to produce salivation, during the existence of fever, is well known to every practitioner; but, on the other hand, that this medicine is incapable of subduing febrile action, must be doubted by every person who has had the opportunity of seeing inflammatory diseases gradually, nay, sometimes rapidly, recede, and finally vanish before the influence of this powerful and valuable remedy.

To render the mercurial plan of treatment successful, it must be regularly and energetically pursued from the moment the fever declares itself; because it is not giving this remedy a proper trial, if the medicine is only used in an irregular manner in the beginning, and when fatal symptoms have set in, exhibiting it in unpardonably large doses. It has been stated by Mr. Boyle, in his observations on this fever, and it appears to be the general opinion on the coast, that if the attempt to produce salivation in this disease fails, the case must be considered as hopeless. I am happy in being able, from experience, to contradict this opinion, having had more than one case in which the most

\* Some of the native tribes have a rather curious, but effectual method of producing evacuation of the intestines. A rod, resembling a large-sized wax bougie, is introduced through the rectum, and moved slowly upwards and downwards until the bowels are opened. The native doctors assert that this operation never fails.



active mercurial treatment failed to produce salivation, and the patients recovered; these cases must be looked on as extremely dangerous, but certainly not regarded, or given up, as necessarily fatal. It is strongly recommended to avoid the immense doses of mercury to which some practitioners have recourse, as two scruple or even drachm doses frequently repeated during the day; ptyalism appears, in my opinion, to take place as quickly from the use of moderate doses, repeated at proper intervals, accompanied at the same time by regular mercurial frictions, as when the immoderate doses just mentioned are administered. There are some cases depending, seemingly, on constitutional peculiarity, in which it is impossible to induce salivation; some such have come under my observation, and in these it is recommended, after the mercurial preparations have received a fair trial, to cease their internal exhibition, except in such small quantities as are required to keep up the secretions, and depend chiefly on the saline treatment. It is a curious coincidence, that it is in the low cases of fever, or those accompanied with deficiency of action, in which it is most difficult to induce salivation, and these are the very cases in which the saline treatment is indicated.

Frictions with mercurial ointment should be put in force from the commencement of the fever; the quantity of ointment used, and the frequency of the frictions, must, to a certain degree, depend on the nature of the case and constitution of the patient; as a general rule, two drachms of the ointment should be rubbed into each thigh, three times a day, until the required effect is produced. The bichloride of mercury has been prescribed in this disease, for the purpose of inducing speedy ptyalism, but the usual irritability of the stomach contraindicates a medicine of this kind, and the only preparations applicable in the treatment of this fever are calomel and blue pill internally and mercurial ointment in the shape of frictions.

*Salines.*—In treating the bilious remittent fever of Africa it is not easy to say, whether this class of remedies or the mercurials are the most valuable; it is, however, certain, that both are indispensably necessary, and by their judicious and active administration, and proper combination, according to cases, circumstances, and constitutional and other peculiarities, with due attention to other means of cure, this fever, hitherto so destructive to human life, must be considered under the control of the physician. The saline aperients must be given in the commencement of the disease, with the view of assisting the other purgatives, and for this purpose the best form of administration is the sulphate of magnesia, in combination with some emollient fluid in the shape of injections. After more active purgatives have been exhibited, Seidlitz powders, with the addition, if necessary, of a little sulphate of magnesia, will be found an agreeable method of continuing the purgation; and should it become necessary, during the progress of the fever, to act upon the bowels, a Seidlitz powder is a speedy means of producing the desired effect. Effervescent draughts\* should be regularly given from the commencement of the fever; the patient will always find this a most agreeable method of slacking the violent thirst accompanying the disease, besides which they tend, in a very considerable degree, to prevent or remove the irritability of stomach and vomiting peculiar to the complaint. Usually, about the third or fourth day, but sooner if symptoms of putridity show themselves, a small quantity of muriate of soda, or chlorate of potass, or the nitrate of the latter salt, or some of each, should be added to every dose of the effervescent mixture; but the quan-

tity should be such as not materially to injure the taste of the draughts, as everything tending to increase the nausea usually present in this fever must be carefully avoided. The aperient salt, formed by the chemical union of the solutions of tartaric acid and sesquicarbonate of soda, keeps up a gentle and regular action of the bowels, and precludes the necessity of having recourse to frequent repetition of drastic purgatives.

When it is suspected that much acidity of the stomach is present, indicated by a burning sensation at the pit of the stomach, a sour taste in the mouth, nausea, and vomiting of a sour smelling fluid, &c. &c., the extent to which the state of acidity prevails, ought to be correctly ascertained by testing the ejected fluids with litmus paper or other chemical means; in some cases the acidity may be detected by applying the tests to the tongue. If it appears that there is much acidity, a solution of the carbonate of soda should be given until this disagreeable, and it may be added dangerous, symptom disappears; should this symptom exist only in a minor degree, it may be remedied by administering the effervescent draughts in such proportions that the alkaline carbonate will predominate. There appears to be a tendency to the formation of acid in the stomach during the whole course of this fever; it should be narrowly watched, and immediate steps for its removal taken, as soon as its presence is suspected. After the mercurials have been persisted in for a proper period, and salivation is not likely to take place, the doses of the salines must be increased, and the most agreeable method of giving them is to dissolve a certain quantity in each effervescent draught, by which means the nauseous taste of some, as the nitrate of potass and muriate of soda, is disguised, and their exhibition is rendered much easier. If the stomach is very irritable, or this organ seems fatigued by the too frequent repetition of the medicine, the number of doses may be reduced, and injections substituted for this purpose; the muriate of soda is the most appropriate; it should be dissolved in warm water, and mixed with some emollient fluid; or, if it is required to support the patient's strength, it may be exhibited in beef tea, or any other nutritious substance.

In the more advanced stages of the African fevers, the blood becomes black, thin, and to a certain degree disorganised; I have examined the blood of patients in all stages of this disease; in some it appeared preternaturally black from the beginning of the fever; in others, the colour was not materially altered in the commencement; but in all it became more or less fluid and black towards the latter end of the complaint. The amount of disorganisation of the blood seems very much regulated by the power and concentration of the miasma producing the fever, and this perfectly agrees with the practical fact before stated—viz., that general bleeding on shore is quite inadmissible. It is for the purpose of remedying this state of the vital current, that the saline non-purgatives are recommended in the fevers of Western Africa, and it must be borne in mind, that the saline remedies are indicated in proportion to the absence of inflammatory action. It is a fact well known to every person on the coast, that there is much less danger in those cases where the inflammatory symptoms run high, than when the fever assumes the low type; in the latter it is extremely difficult, sometimes impossible, to produce salivation, and these are the cases in which the saline non-purgative medicines become invaluable. On adding a solution of the non-purgative salts, more especially of the muriate of soda or chlorate of potass, to the dark blood drawn from a patient in fever, it immediately assumes a bright arterial colour, and as these salts may be detected in the different secretions, after they have been exhibited for some time, it is only natural to infer, that part of them are taken unchanged into the circulation, and there produce the same effect

\* The draughts are best made by dissolving six drachms of tartaric acid and one ounce of sesquicarbonate of soda, each in two pounds of water. Half a wineglassful of each, mixed and drank in a state of effervescence, is the quantity which usually agrees best with the stomach.



as when added to the blood out of the body; it is not, however, necessary to bring forward any theory for their support; they have been found useful in practice, and that is sufficient to recommend them to any person willing to give his patients every chance of recovery from a highly malignant and dangerous disease.

**Refrigerants.**—Refrigerant medicines have always held a prominent position in the different treatises on fever; it must be admitted that the name is not a little attractive, and at the same time be regretted that their power of subduing the morbidly increased heat in fever is not equal to their promising title. It is certain that no refrigerant at present in use has the power of permanently reducing febrile heat, and those most in fashion, as the nitrate of potass, *aqua acetitis ammoniacæ*, &c., have little or no efficacy in reducing, even temporarily, the great heat of skin present in some remittent fevers. There are, however, three remedies, properly coming under the head of refrigerants, which are extremely useful, indeed to a certain degree indispensable, in the treatment of this fever—namely, effervescing draughts, fresh air, and cold water. The first have been sufficiently noticed under the head of saline medicines; the second, when used with proper caution, is of considerable benefit in treating a case of fever. The patient should be placed, when practicable, in a large well ventilated apartment, taking care not to allow a thorough draught through the room in such a manner as to strike against the sick person. The bed should be placed at one end of the room, and the tops of two windows opened, one on each side of the apartment at the opposite end; by this means a draught of fresh air will keep continually passing through the top of the room, and ventilate the sick chamber in an effectual manner. The third—viz., cold water, is to be used both internally and externally. I have seen a draught of cold water act more effectually than any of the refrigerants in the *materia medica*, and it possesses the advantage of being always acceptable to the patient, and highly useful in assuaging thirst; the patient should be allowed to drink it *ad libitum*, and it is the beverage least likely to disagree with the sick person.

The application of cold water *externally*, is decidedly the most powerful means of reducing the excessive heat of skin so extremely distressing in some cases of this fever; it is necessary that the proper mode of using this valuable remedy should be borne in mind, and rigidly adhered to. I am not aware whether cold affusion has ever been tried in this fever on the coast of Africa, but I feel certain that if the remedy in question were applied in this manner it would prove extremely hurtful. There is always a tendency to congestion of the internal viscera in the bilious fever, and it appears to me that sudden cold affusion is likely to increase this tendency, and if the patient is in a very feeble state the sudden shock may produce the worst consequences. A mixture of vinegar, water and eau de Cologne,\* applied to the surface of the body with a sponge, is the proper method of using this valuable refrigerant, and cannot cause that shock to the system (sometimes a fatal one) which the cold affusion, as recommended by Dr. Currie, is so likely to produce. When the surface is gently sponged with this mixture the febrile heat is reduced, the cutaneous exhalation more or less restored, and congestion of the internal viscera to a certain degree relieved. I am able, from experience, to assert, that a more heavenly sensation cannot be imagined than having the burning body sponged with this mixture during an attack of African fever; and in some cases refreshing sleep follows the operation. The best manner of using this mixture is as follows:—The feet being placed over the vessel containing the

liquid, they are to be freely bathed, and then the legs, as far as the knees, are to be sponged; the hands, arms, and forearms, are then to undergo the same operation, taking care to apply the mixture well, both to the soles of the feet and palms of the hands. The face, scalp, and thorax are next to be sponged; great caution must be observed not to use too much liquid when sponging the body, as also to dry the patient well before replacing the bedclothes; the face, hands, and feet, should be bathed every hour, and the scalp and thorax every two hours, or oftener, according to the amount of heat present.

It must be borne in mind that the operation of sponging is contraindicated, where there is the slightest tendency to cutaneous exhalation. After each sponging the skin will be found slightly moist, but in about an hour the usual dryness and heat return; and this state of temporary exhalation must not be confounded with a tendency to permanent perspiration, as the former is caused by the sponging, whereas the latter is most likely to be checked by it. These are the only refrigerants of use in this fever, and they are not only beneficial in the treatment of the disease, but extremely grateful and soothing to the patient's feelings, and their omission in any case, especially where there is much heat of skin, must be considered an unpardonable neglect. It may be mentioned under this head that the scalp should be shaved at the very commencement of the fever; this, in addition to regular sponging, as before directed, will prove not a little efficacious in preventing delirium, and its consequences.

**Warm Baths.**—Warm baths have been strongly recommended, and frequently used in the treatment of the remittent fevers of tropical countries. On the coast of Africa they have been tried for the purpose of assisting the mercurials, and hastening salivation; they appear to me rather a doubtful remedy, especially in those cases where much debility is present, a symptom which they have a tendency to increase. When the patient complains much of want of sleep during the night, a warm bath may be tried for the purpose of allaying this most disagreeable symptom, provided the patient's strength is not materially impaired. I propose in my next paper to conclude the treatment of bilious remittent fever, and enter upon the description of the "simple bilious fever" of Western Africa.

## TWO CASES

OF

## CALCULUS IN THE BLADDER,

IN WHICH

## LITHOTRIPSY WAS PERFORMED.

By A. T. S. DODD, Esq.,

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The following is a detail of two cases of calculus in the bladder, on which I operated with Baron Heurteloup's percussing instruments, one with complete, the other with only partial success:—

**CASE I.**—Thomas Gracemack, aged 69, a labourer, of good health and regular habits, was admitted July 20, 1833; has had symptoms of stone for nearly two years; has frequent paroxysms of pain and difficulty in making water, during which he can retain the urine only a few minutes at a time. No offensive smell in the urine, and not much mucous deposit in the intervals between these paroxysms, but a considerable deposit of lithic acid sand. At the first examination of the bladder with the recto-curvilinear sound, I found the bladder not very irritable, and readily allowing the injection of six ounces of warm water.

\* The proportions for this mixture are water, three quarts; vinegar, one quart; eau de Cologne, one bottle.



This time, however, I could not feel the calculus, owing to an enlargement of the prostate gland, which appeared to lift the instrument above the stone, and which enlargement was afterwards some considerable impediment to the cure.

Having, however, at the second examination discovered a moderate sized calculus, I placed the patient on the rectangular bed, and with the percussor readily seized it, and with a few strokes of the hammer crushed it. After repeating this manipulation on two or three of the larger fragments, I withdrew the percussor, and introduced a hollow evacuating sound, but without success, as the bladder did not expel the urine through it with sufficient force to bring away any fragments. The patient went to bed, and during the night passed a moderate quantity of detritus. He seemed to suffer comparatively little during the operation, and, indeed, afterwards confessed that almost all the pain of the operation consisted in the distension of the passage by the instruments. The only inconvenience resulting from the operation was some degree of irritation excited in the bladder, as shown by the discharge of rather offensive, high-coloured urine and some mucous deposit, and a pretty severe shivering paroxysm. These symptoms, however, were merely temporary, and became less manifest after every operation. Indeed, the shivering occurred only once. After the second operation the benefit to his symptoms was very marked. He walked away from the operating table almost as comfortable as if nothing ailed him. After the third time he could retain his urine for five or six hours, and from this time had no material pain or distress in making water. The manipulations were ten in number, and he was discharged cured November 12th. The fragments were throughout passed without the aid of the sound, and without any difficulty, though some of them were very large.

CASE II.—William Oakley, aged 69, was admitted Oct. 24, 1833. He is a muscular, tall man; has always been healthy until about four years ago, when the usual symptoms of stone in the bladder attacked him, from which he has suffered very much of late. Urine thick at the time of the paroxysms, and he then occasionally passes fragments, some of considerable size, and one or two evidently forming portions of large calculi. They are of a much lighter colour, both externally and internally, than lithic acid usually is, though an analysis of them by Mr. Watson, chemist, of this city, showed them to consist of this acid. On examining the bladder with the recto-curvilinear sound, and with six ounces of water injected, I found very little impediment to the passage of the instrument, a capacious bladder and very little irritable. I should here mention that all his sufferings usually come in paroxysms; in the intervals he suffers little or nothing. I found at least two calculi, one about the size of a small walnut; the other a flat one, full two inches in its long diameter. They were both movable.

Under these circumstances, which are altogether favourable, with the important exceptions of age and the size and number of the calculi, I determined to operate. This was done on the 27th. There was no difficulty either in seizing or crushing the smallest of the two calculi. The fragments were afterwards grasped three times and still farther comminuted, the whole performance lasting about a quarter of an hour. He complained very little of the pain of the operation, and he passed a considerable quantity of fragments both at the time and afterwards. The calculus was remarkably soft for lithic acid, and broke under the instrument with great ease. All went on well till the fifth day after the operation, when an attack of his usual paroxysms of pain and irritation of the bladder came on with much violence, accompanied with immense discharge of mucus, mixed with puriform fluid. This state of things went on, in spite of remedies, for about a week, when his health suffering a great deal from it, he begged to go home, and I was

the more inclined to grant this request, because I was unwilling to run the risk of injuring the credit of a valuable operation. Since he left I find that he has again rallied, and is as well as he was before the operation.

#### REMARKS.

On these cases I would observe, first, that the operation in question is by no means a very difficult one, to those who have frequently practised it on the dead body and on a table; to a person who has done this very often, and has a good knowledge of the anatomy of the parts concerned, only a little care and caution are necessary, I think, to enable him to operate with safety and facility, particularly if he has had the previous advantage of seeing the manipulations performed by an experienced hand.

Secondly, It will be seen that neither of my patients could be considered as eligible cases in every respect. Their age was very decidedly against them, as it is generally found, according to M. Heurteloup, that old persons expel the fragments with less facility, owing to the comparative want of action in the bladder. This circumstance, together with the large size of the calculus, appeared in Oakley's case to be sufficient to materially diminish the prospect of a cure.

Thirdly, it will be seen, that in neither of these cases could I find the evacuating sound of any assistance, partly from the cause just mentioned—viz, the want of action in the bladder immediately after the operation—and partly, in Gracemack's case, from the projection of the prostate, which was distinctly found by the necessity of elevating the point of the instruments in passing them through that part of the bladder. Behind this enlargement the fragments fell, and consequently could not pass off readily. I found that after every operation he passed none till he had lain on his bed through the night; probably this position favoured their transmission.

Fourthly, I ought to explain, with regard to the length of time occupied in the cure, that circumstances, quite unconnected with the case, hindered my following up the treatment as I wished; nothing unfavourable in its progress impeded its more speedy cure.

Lastly, to recur to the operation itself, I think one material point to be borne in mind, and one which should be allowed its full moral effect on the public mind, is the small degree of suffering occasioned by lithotripsy. Both my patients assured me that it was comparatively trifling. They both went from the operating room to their wards with the greatest nonchalance, and Gracemack often sat down with the other patients to his dinner shortly after the operation. Now, I conceive that the comparison between the merits of lithotripsy and lithotomy is not at all fairly stated by the consideration only of the present success of the several cases in which these operations have been actually performed.

Lithotripsy may be said to possess *prospective* advantages which lithotomy has not, and cannot have. This last operation, even under the greatest advantages as regards the patient, and in the most skilful hands, must ever be connected with a certain and that no inconsiderable degree of risk, and no slight portion of pain and suffering. It is the conviction of this fact that induces so many to endure for years and years



the torments of a calculus in the bladder, rather than submit to the horrors and danger of being "cut for the stone." They delude themselves with the false hope that their sufferings will lessen; they lose precious time in the employment of useless nostrums, and at last are obliged to consent to the *dernier resort* when the constitution has severely suffered from the effects of their malady, happy if their procrastination has not robbed them entirely of a fair prospect of recovery, by allowing the formation of irreparable disease. Such cases are familiar to every surgeon. In our small hospital, I have had within two years five such cases, in a district where this disease is by no means common. Four out of the number died from disease of the bladder and kidneys, and the fifth has so large a calculus, and so much catarrh of the bladder, that the possibility of relieving him, at the age of 70, is very doubtful indeed. A sixth had made up his mind never to be "cut," but came when he heard of lithotripsy, and was cured; and a seventh, now under my care, has deferred application for relief so long, from fear of "cutting," that he is by no means at present in a state for anything to be attempted upon him.

But my own moderate experience need not be adduced in proof of what I think all surgeons will readily admit, that many cases are either needlessly complicated or entirely lost from fear of the knife. Now, if, as all who have operated with the percussor have proved, the operation of lithotripsy involves really trifling suffering, and, at least, not more risk than lithotomy in cases of long standing, and none at all in very recent cases; if, I say, this be the fact, the full moral effect of it should be allowed upon the public mind, to encourage all persons to submit early to an operation which will then certainly rid them of their enemy without risk, as well as comparatively without pain. I think I am not too sanguine in hoping that when the merits of this simple operation are once generally known and appreciated, we shall then have little reason to dread the existence of stone in the bladder; we shall apprehend it only as a trifling disease, for which we have a certain and easy remedy.

## CASE

OF

## STRANGULATED FEMORAL HERNIA.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—Should you think the enclosed case of sufficient interest, perhaps you will have the kindness to insert it in your valuable Journal.

I am,

Gentlemen,

Yours obediently,

W. CLARK.

Lansdown Grove, Devizes.

Lucy Harraway, aged 55, of a spare habit, had long been the subject of a double femoral hernia. Previously to Tuesday, Nov. 23, she had always been able to reduce it herself, but on this day she failed. She remained with the hernia incarcerated till the following Friday, without any assistance, on which day she sent for me. Bleeding, and the various usual means, were tried to effect reduction, but without success.

The symptoms not being urgent, I left her to be watched by my friend, Mr. Hoare, surgeon, of Seend, in which village the patient lived, and returned in the evening for the purpose of operating. It did not, however, appear that the symptoms were sufficiently urgent, and I was recommended to try a tobacco injection, which I declined. Enemata of gruel were given without any effect. She remained in this state till Monday morning, Nov. 29, at three o'clock, when all the symptoms of strangulation came on in full force. I was immediately sent for, and the operation was performed at five o'clock. She bore it well, and the bowels were relieved in a few hours after, and every thing went on favourable till the following Thursday, Dec. 2, when she suddenly awoke in a fright, having dreamt that a large dog had jumped on her bed and barked at her. She was agitated and uneasy when I saw her at ten o'clock, a.m.; she complained of distension of the bowels with a diffused pain over the abdomen; pulse 120, small but wiry; tongue furred; skin hot and dry; great thirst.

Ordered thirty leeches to the abdomen; an enema, with two ounces of castor oil.

4 o'clock. No better. To be bled to twelve ounces; a blister to the abdomen; to have five grains of calomel with one of opium, at once.

Dec. 3. Much better; slept well; bowels acted twice during the night. From this to Dec. 11, the patient went on well. Diet, broths and jelly.

11. Inflammatory symptoms have again come on; to be bled to twelve ounces, and have one ounce of castor oil at once.

Calomel, three grains;

Opium, one third of a grain. Every six hours.

2 o'clock, p.m. Forces passed involuntarily; picking at the bed clothes; tongue dry and furred; pulse 120, distinct, and no intermissions; abdomen tympanitic. Thirty leeches to the abdomen; to be followed by a blister.

10 o'clock, p.m. Symptoms the same, with retention of urine; catheter passed, and a pint of water drawn off.

12. No better; has talked incoherently all night; tongue dry, with black incrustations; to have two ounces of wine every second hour.

13. The effect of the wine has been almost magical; from delirium she has passed into a state of calmness and composure, and is now perfectly sensible; the tongue is clean and moist, and a gentle perspiration pervades the surface of the skin. Diet, beef tea and jelly.

26. The patient is now convalescent.

It seldom happens in a case of femoral hernia that the symptoms of strangulation are not urgent and pressing, requiring an early resort to the knife for relief. In the case I have detailed there was no stercoaceous vomiting until the morning on which the operation was performed, neither was there any tenderness of the hernial tumour; there had been no passage through the bowels for four days; her only complaint was a sense of constriction around the abdomen, with occasional vomiting; her symptoms were those of incarceration rather than strangulation. The intestine, on being exposed, presented a dark purplish hue, but was firm in texture. The stricture appeared to be caused by both Gimbernat's and Poupart's ligament, as after the division of the former, the gut could not be returned until a few fibres of the latter were severed.

With regard to the tobacco injection, I confess I cannot see in what manner benefit can be derived from its exhibition; because the parts engaged in femoral hernia are firm and unyielding, and not likely to be influenced by it. The effects also are so powerful upon the system that, as a general rule, the policy of adopting it is to my mind very doubtful, even in inguinal hernia. Again, with regard to bleeding, the



object is of course to relax the system, and through it the stricture, and this desirable object is frequently attained in inguinal hernia; but in *femoral* the case is widely different, and if the gut be strangulated it is very unlikely that by bleeding we shall be able to reduce it. I do not mean to deprecate the use of the lancet entirely, as such a course tends beneficially after the operation; but to bleed for the purpose of relaxing the stricture is, in my humble opinion, chimerical. When the gut is once strangulated in femoral hernia there is, I fear, little chance of overcoming it by bleeding.

It may be thought that, subsequent to the operation I carried the depleting system to too great an extent. I was fully aware that typhoid symptoms would probably supervene after the second attack of inflammation, from the severity of the treatment on a constitution at the best of times weak; but still I did not feel justified in altering my plan until it had been subdued. The result of the case proves, I think, the justification and the importance of a determined perseverance in the use of remedies, for on two occasions the patient was looked upon as in articulo mortis.

Before I conclude, I wish to say a few words as to the delay of the operation after strangulation had taken place. Is it right to wait until unequivocal or urgent symptoms of strangulation come on before you operate? I think not; and I further think that, had I operated immediately after the usual means had been tried for the reduction of the hernia, I should not have been harassed to the extent I was by the inflammation. The danger of the operation itself is well known to be trifling when compared with the danger of delay, and my only reason for not operating sooner was from a deference on my part to the opinions of others. I have to thank my friend, Mr. Hoare, for his vigilance during my absence, and which greatly contributed to the success of the case.

## CASE OF SALIVATION EXCITED THROUGH THE LUNGS.

By EDWARD D. WALKER, M.R.C.S.,

*Surgeon to the Reading Dispensary.*

(Read before the Reading Pathological Society.)

The following case, possessing some features of presumed novelty, I have thought of sufficient interest to bring under the notice of the society:—

Mrs. H—, of a sanguine and bilious temperament, 33 years of age, consulted me on the 12th of July for a painful affection of the mouth, which she said had come on three days before. I found that her gums were swollen, inflamed, and ulcerated; the tongue was swollen, and covered with a whitish crust; the salivary glands were enlarged and painful; and the breath had an extremely strong mercurial factor: in short, she was labouring under all the symptoms of mercurial salivation in a severe degree. She had been in close attendance on her mother, who was affected with pneumonia, for which she had been taking calomel to the extent of between twenty and thirty grains. As soon as the medicine began to exert its usual specific effect on the system, it was discontinued. The daughter (the subject of the present communication) sat up several nights with her mother, and was in the habit of occasionally lying down on the same bed for some hours. The affection of her mouth came on fourteen days after her mother began the use of the medicine. On my inquiring what medicine she had been using, she stated that she had taken nothing but one antibilious pill, which both herself and her mother had long been in the habit of using, and which they obtained from a druggist.\*

\* On subsequent application to the respectable druggist who supplied the pills, he assured me that they contained no calomel, or other mercurial preparation.

My firm impression was that she must have taken some of the pills prescribed for her mother; but this she positively and solemnly denied, and has uniformly done so since, whenever I have questioned her upon the subject, adding that she knew of no reason which she could have for wishing to deceive me. The case seemed so singular—was so new, at least to me—that I took every pains to investigate the circumstances; and, at last, seeing no good reason for distrusting the woman's statements, I felt bound to believe her, and to conclude that she had become so affected with the mercurial poison, by the long continued inhalation of an atmosphere tainted with the pulmonary and cuticular exhalations from another, under the influence of the medicine.

Whether this case is unique, or not, I do not know, but conclude that it has not been often observed, since I do not recollect to have met with a similar one in the course of my own reading or experience before; nor have I been able to learn of any such from the professional friends to whom I have mentioned it.

But now, taking into consideration certain physical, as well as physiological and pathological facts, it does not seem difficult to admit the inference which appears to be unavoidable from the foregoing relation; and, moreover, that such an occurrence is not only possible, but highly probable.

It is well known that mercury is emitted in the form of vapour from the body of a person who is under the influence of the mineral, so as to impregnate the surrounding atmosphere. This is proved by the familiar fact, that a piece of gold or copper rubbed on the skin, or placed in the mouth, or worn in the pocket, of a person under the mercurial influence, becomes covered with a coating of quicksilver.\* We might also infer that such would be the case, from the records of some authentic post-mortem examinations, considered in conjunction with what we know of the physical properties of the metal. Many instances have been collected by Dr. Christison, Dr. Sigmund, and others, of large quantities of fluid mercury having been found in the bodies of those who had taken its preparations during life. It has been discovered in the bones, in the brain, the blood, and several of the secretions; and the skull-cap is said to be a frequent seat of these curious accumulations. Now this fact, taken in connection with another—namely, that “mercury emits a sensible vapour, between 68 deg. and 80 deg.,” as stated by Graham,† and others, and first proved, I believe, by Faraday, would seem to justify the conclusion that abundant vapour might be thrown off at the naturally higher temperature of the body.

Again, it is also well known that mercury in the state of vapour can be received into the system of a healthy person, by inhalation, so as to produce its specific effects. In proof of this, I need only refer to common experience of the method of administering the remedy in the form of vapour baths; and to the well known effects of the fumes upon those who are exposed to their influence—as miners and gilders. A remarkable instance of the same kind, which occurred on board of two British ships, in 1812, is referred to by most writers on the subject, the circumstances of which are so familiar, that I need not take up the time of the society by detailing them. Dr. Christison‡ states that “one of the readiest means of bringing the system under the poisonous action of mercury is, by introducing its preparations into the lungs.” And again, after adverting to the fact which I have before noticed, that vapours arise from metallic mercury at the ordinary temperature of the atmosphere, he goes on to remark that “the vapours thus discharged may

\* See Sigmund's Lectures on Materia Medica; “Lancet,” 1827-8, vol. i., p. 226; Christison on Poisons; Thomson's Materia Medica, vol. i., p. 371, &c. &c.

† Elements of Chemistry, p. 649.

‡ On Poisons, p. 313.



produce the worst species of mercurialism, if they are diffused through an apartment not sufficiently ventilated."

With those facts before us, it appears to me that in the case under consideration, the *indicatio causalis*, was completely fulfilled; and that there is no reason to deny, on any sound principle, this apparent agreement of theory and experience. Neither can any exception be taken against this conclusion, on the ground of the inadequacy of the dose that could be received in this way, to produce such effects; since the experience of every practitioner will afford an answer, in the well known extreme susceptibility in some constitutions of the action of the medicine in any form. Cases are recorded of severe effects, and even death, having been occasioned by small doses (Sigmond, *Loco Citato*, p. 294). Some years ago I prescribed calomel in doses of a twelfth of a grain daily, for an adult male patient, and he was compelled to discontinue the medicine before he had taken half a grain, in consequence of his mouth having become affected. In another instance one of the most severe cases of salivation I ever saw was occasioned by a few grains of the hydrarg. c. creta. But the most remarkable instances of this kind, that I remember to have met with, are mentioned by the late Dr. McIntosh,\* of Edinburgh, who states that his patients in the hospital, at the castle, using the black wash to venereal sores on the penis, became constitutionally affected without any other mercurial treatment.

There are some other circumstances attending this case which ought to be noticed. The room in which the mother lay, was small, very low pitched, and, being in the roof of the house, it had *coved* or sloping walls nearly from the floor to the ceiling on two sides. There was but one small casement window, and the only access to the apartment was by a hole in the floor, so small that it was approached by a perpendicular ladder. It is obvious that ventilation in such a place could be but very imperfectly maintained. Moreover, the weather was then, and had for some time before, been very damp and wet, and this, occurring at the hottest season of the year, formed a conjunction of circumstances the most favourable to the action of mercury on the system.

It is presumed, therefore, that the facts advanced, and the reasoning deduced from them, are sufficient to justify the conclusions which appear to me inevitable from the foregoing relation.

I need not further occupy the time of the society, by remarking upon the importance to the profession of the knowledge that such an occurrence may take place, as questions in connection with it might arise—both in a medico-legal point of view, and affecting the credit of the practitioner.

P.S.—I am happy at being permitted to send you also the history of a similar case, kindly furnished me by Mr. Boulger, in whose practice it has since occurred. He brought it forward at a subsequent meeting of the society, and it was considered by the members to be a valuable confirmation of mine.

"London-street, Jan. 12, 1842.

My dear Sir,—I am sorry that I could not find time to send you the annexed history before, but I trust it will not come too late for any purpose you may require it.

It is a very strong case, and there can be no mistake about it.

Believe me,

My dear Sir,

Yours faithfully,

EDWARD BOULGER.

To E. D. Walker, Esq.

Nov. 29, 1841. I was sent for to Mrs. Collins. Three weeks ago her husband, a painter and glazier, was

under my care for an attack of colica pictorum. Inflammatory symptoms having supervened, I was obliged to resort to mercurials, and his gums were rendered slightly tender, and maintained in that state for a few days, when the remedies were discontinued, and he speedily recovered.

His wife (they had been married only two months) had nursed him throughout the illness with much care and assiduity. She was in good health until two or three days before I saw her, when she began to feel her mouth and gums sore, and her breath fetid. She then took a few grains of magnesia out of a bottle, but finding no relief from it, I was called in. I found her profusely salivated; the mercurial factor was excessive, and ulceration of the gums had likewise commenced, and was with difficulty checked by acid hydrochlor. fort. and argent. nit., with senna draughts and sulphur sublimat.

The bottle of magnesia I secured, and its contents proved genuine and unadulterated. The patient had enjoyed such health that she had taken no kind of medicine for a year or more previously.—E. B."

## SOME ACCOUNT

OF A

## NEW REMEDIAL AGENT.

By CONWAY J. EDWARDS, M.R.C.S., Bathaston, Bath.

The addition to our very extended catalogue of medicines, to which I would wish to draw the attention of the profession, is of a nature so simple, that medical gentlemen will rather be inclined to doubt its possession of any medicinal properties than to believe that it contains those which can effect great and beneficial changes in diseases, which frequently baffle the most eminent of the profession. Indeed, the very name of "clinkers" (under which title I beg leave to introduce it) is calculated to set the seal of condemnation on the substance, without affording it the benefit of further consideration; nevertheless, in face of the great obstacle to a "fair hearing," which such a name must of necessity impose, I have no hesitation in advancing an opinion, that its powers as a tonic and colorific are of no mean order; and this statement is supported by the experience of Dr. Watson, of Bath, who was the first initiated in the mystery of its preparation, and the first to sanction its use.

"Clinkers" is the refuse of the blacksmith's forge, and differs from common ashes and coke in its greater specific gravity, component parts, and external appearance. As a medicine in cachectic disorders, particularly those of females, it has been used for many years, by "knowing old women" in certain manufacturing districts; and the success which attends its exhibition, particularly in chlorotic disorders, is such as to have won for it the title of "specific."

The following is the formula for its preparation:—The bluest and heaviest clinker, being selected from a mass, is reduced to an impalpable powder (a work of no small difficulty, on account of its metalloïd nature). Any quantity of this powder may be mixed, with a sufficiency of treacle, to form a stiff paste; and to every eight ounces of the mass half an ounce of magnesia, and the like quantity of ginger, must be added. Thus formed, it is any thing but inviting to the eye; but this can be remedied by using honey in lieu of treacle, and adding half a drachm of the peroxide of iron to the compound.

The directions which accompanied the formula were as unique as the formula itself. It must be taken three successive days and nights (twice a day), for three days; omitted for a like period, and so continued until the course which has been decided upon should

\* Practice of Physic, second edition, vol. ii., p. 293.



be finished. The dose is a teaspoonful. Absurd as these directions seem, they are not so ridiculous as they appear, for experience has demonstrated that constitutional irritation supervenes, unless some decided interval is allowed at stated periods during a course of this remedy.

The first time I heard of this medicine was, after it had effected a happy change in the constitution of a young lady, who had been suffering from some internal but obscure disorder, for several years. The circulation, through the minute ramifications of the blood vessels, was reduced to its lowest ebb, while the fluid which circulated in the larger channels was a turbid brown, instead of the rich colour for which blood is remarkable. Under such a state of things, the exsanguineous appearance of the skin may be readily conceived. She had been under the professional care of two medical men before I was consulted, and, when called in, found her suffering from all those symptoms of debility, which characterise uterine and ovarian disturbance. From some remarkable symptoms, I was led to fix the seat of the disease in the ovaries. During my attendance I tried every medicine, and combination of medicines, which bore upon the case; but no permanent benefit resulted from any of them: the only preparations which produced a tolerable effect were those of iron, and among them none possessed such power as the ioduret. The constitution became evidently impaired; the feet swelled; there was distention; and disorganisation appeared to be making rapid advances. A very distinguished physician was called in, but could give no opinion on the nature of the case. He attended for several weeks with no success; during this gentleman's attendance, most agonising pains in the head came on; they were neuralgic; for the relief of these a veratrine ointment was applied; then veratrine delphia and morphine, suspended in oil; æther and ammonia were rubbed in: all these failed. I then proposed passing an electric current through the affected part, to which assent was given, but with a similar result. Le Fai's ointment was advised by some friend, and, I must certainly admit with partial success. I never witnessed sufferings so acute—so continued. Another eminent physician was now consulted. "We must," he said, "build up the constitution; it will be a work of time, but it must be done." And a work of time it might have been, for after a considerable attendance no radical good was effected. Still, the principle on which this gentleman acted was sound, and although, as regarded the original affection, things had not improved, there was no retrograde movement, and possibly there might have been an important and visible advance, had the attendance extended over three or four years. Brighton was resorted to, and failed; the Isle of Wight, Clevedon, and several other maritime places, tried; but in vain. Medicine, diet, and change of air, were alike unavailing. Dr. Watson, of Bath, was called in, but no decided opinion could be pronounced, and, consequently, no very decided plan of treatment adopted. The case seemed hopeless, when a young lady, whose sufferings had been similar to those of this patient, and whose case had baffled the skill of her professional advisers, recommended her to have recourse to the remedy which had restored her to health; a large number of cases were also adduced in favour of its efficacy. The offer was eagerly embraced, and, Dr. Watson's consent being obtained, the trial of the "clinker" commenced.

The result exceeded all expectations. In two months the feet ceased to swell; the tumidity of the hypogastric and umbilical regions subsided; the functions of the stomach were restored; the small wiry pulse of above 100 was converted into a healthy beat of 80; the neuralgic pains ceased; and, what was most extraordinary and pleasing, the capillary circulation became so improved, that the skin assumed a vital hue, and the cheeks denoted returning health;

every morbid symptom disappeared, except an excess of uterine secretion. The happy change surprised the professional attendants, as well as the patient's friends and relations, and, without being at all enthusiastic in praise of the "clinker," it may be fairly admitted that the beneficial results in this interesting case were owing to its medicinal properties.

Its success here made me anxious to test its powers further; and the lady having been so obliging as to give me the formula for its preparation, several patients were collected in whom the exsanguineous state of the skin, and wasting of the muscular fibre, were indicative of the morbid manner in which the functions of the stomach, alimentary canal, and uterus were carried on. Within a month from commencing the use of the clinker, a striking improvement took place in the appearance of the patients, and before the termination of two months every unfavourable symptom disappeared. One case, in particular, is well worthy of especial notice, by reason of the scrofulous condition of the submaxillary glands, and the ulcerated state in which one of them had been for several years, and which healed during the course of the new medicine.

I may observe, *en passant*, that previously to a trial of the clinker, this young woman had been under professional treatment for some time, without deriving any benefit from it.

The pulse was weak, and nearly 100; catamenia irregular in appearance, variable in quantity, and unnatural in composition; appetite and sleep bad; tongue foul; and what, perhaps, may be termed hysterical hypochondriasis, existed to a great degree. A gentle cathartic of infusion of senna, with tartrate of potass, was given for a few successive days before the clinker was commenced. She had not taken the new medicine six weeks, when most of the distressing symptoms disappeared, and her personal appearance became so improved, that her friends scarcely recognised in the ruddy girl before them the pallid and unhealthy creature she had once been.

It appears greatly to benefit cases of simple indigestion, a few doses being capable of removing the most distressing symptoms. In that peculiar condition of the secretion of the bowels, which is said to favour the formation or propagation of worms, it has proved advantageous in two ways—one, by its mechanical action; the other, by its tonic properties. This was an accidental discovery, made during its trial in a case of leucorrhœa.

When the medicine is taken for the first time, a train of symptoms frequently supervenes, which would induce a stranger to its *modus operandi* to regard it as a dangerous compound. A great weight is felt in the epigastric region, accompanied with a burning sensation; sensations of sickness, followed by those of fainting, come on; these are soon relieved by eructations of flatus. Some complain of pains in the limbs, and particularly the joints; others of tightness across the forehead, with giddiness; while all are troubled with heat, dryness of the mouth, and great thirst. At the second dose the symptoms are moderated, and the third is generally taken with impunity. After it has been persevered with for a short time, sensations of a different character arise; these are hunger, and a feeling of health and energy, to which, perhaps, the patient has been a stranger for many years; then the complexion, if pale, commonly receives a ruddy tint, and the muscular fibre becomes firm and enlarges. After the first dose the fœces are like pitch, the urine generally pale, and large in quantity; the bowels, if previously costive, become regular in their action; the pulse gets full, and the skin pleasantly relaxed.

To sum up its medicinal properties, it may be said that the clinker is tonic, stimulant, anthelmintic, and colorific, adapted generally to a leucophlegmatic habit, and, where dyspeptic, chlorotic, and scrofulous complaints exist, "its use would be contraindicated where an inflammatory diathesis prevails."



The quantity of metal which clinker contains varies considerably; the best is obtained from a blacksmith's forge, and the most ponderous, darkest, and metallic in appearance, is that only on which dependance can be placed. The light, slate-coloured clinker is inert.

I need not offer any remarks on the magnesia and ginger, which are added in the formation of the linctus; but I may observe, that if the ginger be omitted, violent griping ensues. After the medicine has been given for a few weeks, no bad symptoms arise if it is exhibited more frequently than at the beginning of the course.

From the imperfect analysis which I have made of the clinker, I should say that, with the usual substances found in coal partially decomposed by heat, a metalline appearance pervades the mass, which seems to be iron combined with carbon, so as to form steel; no doubt the metal exists likewise, both as a sulphuret and a carbonate of the protoxide, but neither of these would afford the blue tint for which the clinker is remarkable. That it is not titanium is evident, for that metal is "like burnished copper," and so little fusible, that the heat of the oxyhydrogen blowpipe, when in action, is scarcely able to touch it—at least, if we may believe our professors. If, therefore, the heat of highly compressed gases intimately mingled be just capable of oxidizing titanium, can we expect that the fire of the common forge would do so? From whence, then, do we get titanic acid? Surely not in or from the various new compound bodies which are formed during the decomposition of the coal! Here we have first a mass of small coal, with, perhaps, charcoal, kindled into a flame; over this water is thrown, the decomposition of which increases the heat. When the temperature is at its maximum, a bar of soft iron is plunged into the centre, and rapidly reaches the temperature of the surrounding substances; particles of highly ignited metal are thrown off; some in a semi-fused state unite with particles of carbon, and perhaps form steel; others combine immediately with the oxygen of the water, and become a protocarbonate of the protoxide, while other portions form a sulphuret, and appear through the whole mass as new compounds endowed with new properties, which had no pre-existence before the interchange of elementary principles. But this is not all; as the coal is decomposed it is raked off and thrown on one side, fresh supplies being added, until every component particle of the iron is raised to a white heat; it is then taken from the fire, placed on an anvil, and subjected to a succession of blows from the sledge hammer; this drives off large *flakes* of metal, many of which bury themselves in the masses of coke which have been cast aside, and are known as "clinkers." Now, if a portion of this be mixed with nitrate of potass, and strongly heated, a brown powder is formed, in which (had titanium existence) would be mingled the white peroxide; a solution of gall nuts would then produce the orange red colour; which is said to be characteristic of titanium; and were a rod of zinc suspended in the solution, a purple-coloured powder would be precipitated. In making the experiments, I strictly adhered to the rules laid down for testing its presence, but perhaps, as I did not discover titanium or its oxide, it was owing to want of dexterity in the manipulations.

That the singularly beneficial effects which the clinker produces in certain conditions of the system cannot result solely from the iron or steel which it contains, the experience we have of those metals, and their preparations, sufficiently declare; some new combination must exist, to effect such singular changes; what it is remains to be proved. Electricity has been advanced as the cause, but even admitting that galvanic currents could be generated, they would be so weak in power, and small in quantity, as to be incapable of producing any results, while their source would prove so limited, that the electric

evolution would cease before the linctus could be formed.

This is all which I have to advance on the subject at present. I must apologise for the imperfect manner in which it has been treated, yet hope that those members of the profession who have honoured these observations with a perusal, will divest themselves of all prejudice against the use of so humble a preparation, and give it that impartial trial which it would seem to deserve.

January 18, 1842.

## PROVINCIAL MEDICAL & SURGICAL JOURNAL

SATURDAY, FEBRUARY 5, 1842.

Of the many repellant features which distinguish that disgrace to our legal code, known under the name of the Poor Law Amendment Act, there are none so heartless, none so repugnant to the best feelings of our nature as that portion of it which relates to the treatment of the helpless infant. The outrage which is inflicted upon all domestic feelings, by the separation of husband and wife, of parent and child, is not merely grievous wrong in itself. It is an infliction which presses most unequally—lightly esteemed, perhaps, by the dissolute and undeserving, but severely felt by those who are real and fitting objects for public assistance. By the former class it is scarcely if at all felt, while upon some of the latter it operates even more strongly than any other provision adopted in the work-house system, in reducing them to the extreme of destitution before they will accept of relief upon work-house terms. How many instances might be enumerated, where families have endured all but absolute starvation before they could be induced to apply for the relief which they so much needed solely on account of this odious measure! Instances have come within our own knowledge, where a whole family has gone without food for two or even three days, from the dread of separation under these afflicting circumstances.

The moral effect also is most injurious both upon the forlorn and destitute beings who are compelled to suffer from the law as it now stands, and upon the guardians who are called upon to enforce it. To encourage the domestic relations, the feelings of sympathy and affection which should exist in the married state, and the mutual attachment of parent and child, should be a chief object with a paternal and enlightened government, and nothing which can interfere with these first of moral and social obligations should be tolerated. But to put a force upon the warmest and best affections of man, with the view of making them subservient to the carrying out of a principle, fallacious in itself, impolitic in its essence, and equally opposed to humanity and religion, is indeed a solecism which requires a deep insight into human nature to comprehend. Is it that those who made and those who administered the poor-law are insensible to the



sufferings of the poor, that destitution has been adopted as the workhouse test; and that to ensure an acquaintance with want and misery to the utmost, every method which could be devised to compel the sufferers to refrain from applying for relief, until even actual starvation is endured, should be had recourse to? Or is it that the endearments of domestic and social life, and the moral and religious obligations implied in the cultivation of those affections, are undervalued or set at naught by the higher classes of society?

The severing of these ties, the outrage committed against these affections, under the Poor-law Act, can, we fear, only be explained by one or other of the suppositions here advanced. We will, however, hope that, if those who are shortly to be called upon to legislate on this subject are not influenced by better motives, they will yet see the miserable impolicy of thus breaking in upon those social principles which form the best security for the good conduct of the mass of the population. The man who is not possessed of domestic affections, who disregards the social ties of husband and father, for whom his home has no attraction, and in whom the welfare of his family excites no concern, will prove but a bad subject to the state.

We hear much of the growing disregard for authority evinced by the so-called lower orders of society. It is much to be feared that, in a future, but not far-distant age, when the rising generation shall have attained to riper years, this disregard will be felt throughout the length and breadth of the land. It is well to inculcate submission to the laws; but if this submission is to be other than a slavish submission, kept up by the display of mere brute force, the effect of fear on the one hand or of expediency on the other, the principle must be instilled into the infant and youthful mind by other means than through the poor-law authorities. When the habit of obedience is early formed, in connection with benefits derived from the hand which enforces it, and interwoven with those filial affections which are more or less cultivated even in the families of the meanest cottagers, it derives a force and a moral power which continues to operate in every action of after life. The growth of the tree follows the inclination given to the tender shoot, and rarely is it found that a depraved and useless member of society has not early evinced his corrupt inclinations in despising the salutary restraints of domestic authority. How unwise, then, is the measure which has a tendency to remove these restraints altogether, and to substitute for them others in which no principle, save that of a compulsory submission to arbitrary power, is recognised; where the instinct of filial attachment, the consciousness of mutual affection, the love called forth by offices of kindness, experienced as long as and even before memory could record them, no longer exercise their softening influence upon the stubborn will, or mingle with the chastisement necessary to enforce obedience even to a lawful superior, and take away from it half its bitterness.

But if the moral effect of removing the child from under the direct control of the parent be disregarded,

and the mental distress experienced by the fathers and mothers of families, in being separated from their offspring and from each other, be coldly looked upon as a matter of indifference, surely the direct responsibility incurred in the fearful loss of life among the children thus torn from the mother's care, and treated as foundlings, but without half the attention to their comforts, can no longer be encountered. The mortality which prevails in foundling hospitals generally is well known, and is so great that it admits of a question whether these institutions, however praiseworthy in intention, are not positively injurious to the objects whose welfare they are established to promote. But if a severe check is thus placed upon the utility of these institutions, when the design is to save the helpless infants received into them from experiencing privation and sufferings, which in many instances must be severe, and even from death, inflicted by the hand which should have cherished them, how much more will this be felt by the helpless children placed in a similar situation under the miserable provisions of this atrocious act?

From an official return made to the board of guardians of the North Dublin union, it appears that, of 268 infants under ten years of age, admitted into the workhouse of that union from the 4th of May, 1840, to the 1st of December, 1841, 120 were discharged, 87 died, and 61 remained inmates. Deducting this last number, of which it may be presumed that a portion will probably suffer the fate of their companions in misfortune, the *apparent* mortality amounts to 120 out of 201, or 60 per cent. But this does not by any means indicate the real mortality. It further appeared, in the course of an inquiry instituted at the instance of one of the guardians, that those children who died in the house lived in it, on an average, four months and ten days; those who were discharged lived in it, on an average, three months and fifteen days. How many of these last, it may be asked, would have fallen a sacrifice to the tender mercies of the system, had their terms of residence been extended over the additional period of twenty-five days? How many of these did actually fall a sacrifice to the effects of the sufferings to which they were exposed during the period of their sojourn therein?

But the dread of this mortality, it seems, comes in aid of the workhouse test, destitution. We find Dr. Duncan, one of the medical officers of the union, in his examination before the board, in reply to a question put to him as to the motives of some of the mothers leaving the house with their families, stating it as his opinion, "that those mothers who left the house, left through a dread of their children dying in the house." His colleague, Dr. Kirkpatrick, gives evidence to the same effect. "Can you say what was the reason why the women with the children under one year old left the house?" "Some of them left it fearing epidemics; I should assign that as the principal cause for their going out." A statement was subsequently laid before the board by Dr. Duncan, which we regret not to give entire. From the account of this gentleman, it appears that the North Dublin

workhouse is, in respect to its general mortality, notwithstanding the great amount of infant mortality, not more unfavourably placed than other like establishments. In ten of the London workhouses, the average annual deaths in 100 constant residents, during the year 1837, was 29.1; in the North Dublin workhouse, from May 11, 1840, to March 25, 1841, the requisite corrections being made, the average deaths for one year, in 100 constant residents, was found to be 22.8; and from March 25 to September 29, corrected in like manner to obtain the annual rate, it was 17.4. The rate of infant mortality under two years of age, calculated upon the same principles, for the year ending May 10, 1841, gave 61.3 per cent.; while that of infants under two years, in London, in the midst of a population amounting to a million and a half, for the year ending June 30, 1839, as ascertained from the Registrar General's Report, was 14.1 per cent.

From Dr. Duncan's replies to questions subsequently put to him, it was elicited that the mortality of children had been excessive; that although there are exceptions, the nurses usually got only the ordinary diet of the house; that the board of guardians reserve to themselves the power of ordering extra diet to nurses suckling children, though they give it to the medical officers in particular instances; that scrofulous diseases, and disease of the lungs, did and do prevail among the children; that the principal cause of this has been the crowding of the children's room; that there was only one ward set apart for the nursery, *selected by the master and matron*, and occupied as such, notwithstanding repeated applications from himself for another during the whole of the last winter; that, on the night of the 17th of February last, this ward having 31 beds, was occupied by 53 children and 60 nurses, *in all 113 human beings*; that there is danger of this abuse occurring again; that the day-room for the nurses is under ground, and perfectly without light; that the newly-built day-rooms are not fit for any purposes of human beings. After these and other similar statements had been made by Dr. Duncan, his colleague, Dr. Kirkpatrick, in answer to a question put to him by the chairman, replied, "I fully agree in everything Dr. Duncan has said."

Among the other abuses of this establishment, it seems that the female paupers have been sent into the underground den, called a nursery, for punishment, and that paupers have also been sent into the epileptic wards for a like purpose. In regard to the inevitable generation of scrofula under the circumstances above mentioned, Dr. Kirkpatrick stated that, during six weeks in November and December last, of 76 children who had measles, notwithstanding that it was of a very mild character, 24 died, every one of whom had scrofula, as was ascertained on examination of the bodies after death; and that 20 children were lately sent out to the convalescent ward, every one of whom was highly scrofulous; "the slightest puff of air this winter would put an end to their existence." In the opinion of Dr. Kirkpatrick, the majority of these children between two and five years of

age got scrofula in the house. The case of these 20 children, it is but just to state, seemed to excite much commiseration among the guardians, who, as it appears, have no power under the act of sending them into the country, the only means which the medical officer declared could avail to save their lives.

Mr. Phelan, one of the assistant-commissioners, was present, and said the poor-law commissioners would do anything in their power to have the Poor-law Act amended, at the same time avowing his opinion "that the very great mortality which had been believed to exist in the house, through the newspaper reports, would be found not to be so very great at all, *considering similar institutions*." Truly this source of consolation must be most gratifying to the feelings of the board. It is equivalent to saying, "you have already lost 60 per cent. of the infants under your charge? You have now in your house 20 unfortunate children under sentence of death, without the power on your part of taking the only measure which can save them; but be comforted—you are no worse off than your neighbours. It is not worse than will be found in similar institutions." Happy, indeed, the man who, having perpetrated a dozen or score of murders, can thus plead in excuse, when brought to trial, that he is not so great a criminal, after all, considering the deeds of others of his class. We will not weaken the effect of this evidence, nor the force of Mr. Phelan's comment on it, by any observations. The impression, which the facts themselves are calculated to produce, could not be heightened, and language would fail us were we to attempt to characterise these proceedings in appropriate terms.

## REVIEW.

*The Philosophy of the Eye, &c.; being a Familiar Exposition of its Mechanism, and of the Phenomena of Vision, with a view to the Evidence of Design.* By JOHN WALKER, Author of the Principles of Ophthalmic Surgery, &c. &c. &c., with numerous illustrations. London: Knight and Co. pp. 300.

This interesting volume is from the pen of a gentleman who has already given to the world a most meritorious work on ophthalmic surgery, besides other contributions, from time to time, on the same subject, in the several medical periodicals. The most original of Mr. Walker's publications is his "Essay on the Physiology of the Iris," a work which is no less remarkable for the soundness of the reasoning it contains, than for the value of the observations from which his ingenious deductions are drawn.

With a thorough knowledge of the anatomy and physiology, comparative and human, of the organ of vision, and with abilities pre-eminently fitted to render plain and intelligible what is too often mystified, occasionally by design and sometimes innocently, Mr. Walker, it was to be expected, would have executed the task he assigned to himself with ability and judg-



ment. Accordingly, in the volume before us, we have a lucid and most interesting exposition not merely of the anatomy and physiology of the human eye and its appendages, but of the laws of vision, together with all kinds of collateral information, which are calculated to throw light on the philosophy of the organ.

At page 233, our author slightly glances at strabismus or squint, an affection which, he says, "arises from an undue action of one set of muscles over that of their antagonists; and we need not be surprised that the eye, in this condition, is almost always turned inwards, when we reflect on the numerous muscles which tend to pull it in that direction."

It was not to be expected from our author that he should have entered very fully into the subject of strabismus, when so many other more important and more pertinent matters presented themselves to him; and more especially as this affection did not command that marked attention which it now enjoys, until some time after the publication of the "Philosophy of the Eye." We may, however, in this place remark, that although temporary strabismus is often caused by undue action of one set of muscles over that of their antagonists, yet the permanent forms of the affection are, beyond doubt, oftentimes dependant upon organic changes in the muscles themselves; effecting either an increase or a diminution of their natural size, or a conversion of their specific structure into some other texture, such as is known to take place in the other muscles, whether of the voluntary or of the involuntary kind. Such a preternatural enlargement has been observed,\* and we cannot for a moment suppose that this hypertrophy was dependant upon the constant exertion of the muscle; for, if so, it would frequently be found that the muscle towards which the eye was directed would be increased in bulk; but instead of this being the case, such a state has been seldom met with.

It is right to mention, that Mr. Lawrence† looks upon the preternatural enlargement of a muscle, when present in strabismus, to be the effect and not the cause of the disease. This observation, however, is purely theoretical, and based upon the physiological fact that a muscle increases in size if constantly exercised in a proper degree. Indeed, the whole of Mr. Lawrence's ideas on strabismus must be taken *cum grano salis*, as the last edition of his work appeared a few months after the strabismus mania began, and long before many valuable practical details, which have since appeared, were made public. Were this not the case, it would be difficult to account for the assertion that squint "seems to be purely functional, and must be produced in the first instance through the medium of the nervous system," or for Mr. Lawrence's scepticism regarding the existence of congenital strabismus.

We had nearly lost sight of Mr. Walker's illustrations to his work; they are numerous and carefully executed, and are in keeping with the excellence of the literary part of the volume.

\* Lucas on Strabismus.

† Lawrence on the Eye.

## WESTMINSTER MEDICAL SOCIETY,

Jan. 15, 1842.

DR. GOLDING BIRD, President.

INFLUENZA.

There being no paper announced for reading before the society,

Dr. BIRD inquired whether any of the members present had met with any cases of epidemic influenza. He had recently seen some very severe forms of it in adults, which led him to suppose that we might have another visitation of the disease, as after the wet season which preceded the influenza of 1837.

Dr. CHOWNE was desirous of knowing whether Dr. BIRD had seen any cases of the disease in young children.

Dr. BIRD had not seen any cases in which young children suffered especially from it; those instances which he had noticed occurred in adults; they were all marked by one prominent symptom of great depression of spirits, and strong prostration of the mental powers; one young man, especially, was so severely affected, that he lay in bed sobbing like a child.

Mr. RUTHERFORD ALCOCK was anxious to hear the opinion of some member relative to the causes of influenza. He was not in England at the period of its last visitation; but in the Peninsula, where he then was, the disease raged to a very considerable extent. As far as his opportunities had allowed him, he had not met with any good account of the causes of this disease in modern medical works; he would be glad, therefore, to hear if Dr. BIRD could favour the society with any account of the cause of influenza.

Mr. CLARKE asked Dr. BIRD whether he had found the severe supra-orbital pain which characterised most cases of influenza, to have been a prominent symptom in those recent cases to which he had alluded.

Dr. BIRD replied that, although he had recently lectured on the disease in question, he felt bound to confess that he knew very little of it. He had found it attack indiscriminately all classes, and all persons, in whatever rank or station they might be. In the course of the disease it appeared to have travelled from the northern and eastern parts of Asia, and entered Europe, following very nearly the same track as the Asiatic cholera. In the library of the College of Surgeons he had met with a paper on the influenza, by a German writer, in which the author had adverted to some theories on the subject, stating that, during the prevalence of the disease, the electrical influence of the atmosphere was in a negative state, and recommended persons to wear warm woollen or worsted clothing, as being the best non-conductors of electricity; he (Dr. BIRD) considered all such propositions as these to be quite farcical; the electricity of the atmosphere, he believed, was the electricity of tension. With reference to the peculiar symptoms characterising the disease, he had seen cases in which the supra-orbital pain referred to by the last speaker had been most severe, and lasting for some days; there were alternate rigors and flushings of heat, with great depression of spirits, even in the strongest constitutions; coryza in an extensive form, unaccompanied with any herpetic eruption about the nares, and such cases as these were generally very severe as long as they lasted. He had attended a lady who had the supra-orbital pain alluded to by the last speaker; in her case it was very severe, and attended by jactitation and trembling of the limbs. In Scotland the disease presented itself in a very severe form, although there had not been so great a proportion of atmospheric moisture as in other places.

Mr. BROOKE alluded to the various barometrical and hygrometrical changes of the atmosphere, which had preceded and succeeded the influenzas of 1833 and 1837. He spoke of the effect of the disease on

various classes of the community, and instanced the night cabmen of the metropolis as having referred the time of their attack to a period of two hours of one night, in which the temperature varied from cold to warm, and the atmosphere from being clear, dry, and frosty, changed to a state of relaxing moisture and warmth.

Dr. BIRD alluded to the essay of Sir George Baker, on the epidemic influenza of 1792, in which that writer observed that it ensued on an intense coldness of the air, following a comparatively mild winter. In some instances the winds had been found to vary very much; in one epidemic in Vienna it followed a north-west wind, whilst a similar visitation in Venice, which carried off 60,000 of the inhabitants, followed a south-west wind. Any sudden change of atmospheric temperature, causing a revulsion to the internal organs of the body, might predispose to the disease. It had been found that, during the prevalence of every epidemic of the species, the symptoms in each and all were marked by great depression of the physical and mental powers; the nervous system appeared to receive a shock, from which there was great difficulty in rallying. With respect to treatment, he had invariably found that those who were bled were always the greatest sufferers, and their cure was always protracted.

Mr. R. ALCOCK stated that a close and relaxing state of atmosphere would most likely predispose to the disease. He had heard many dissuasive observations upon that peculiar portion of the nervous system which appeared to be implicated in the disease, some referring it to the extreme terminations of the nervous trunks, and others to the great nervous centre, the brain, as evidenced by the severe affection of the head in some cases.

Dr. CROWNE believed that nervous depression was not the characteristic of influenza alone, but of all epidemics; he recollected no epidemic in which this morbid feature was absent; it was present in inflammatory fevers and puerperal fever. When the prevailing symptoms of an epidemic attack succeed to the general and premonitory symptoms of disease, there was always a great amount of depression. In the treatment of such cases, depletory measures must be very cautiously employed, and this was a very useful observation with reference to the practical management of these cases. The causes of influenza were enclosed in a labyrinth. He presumed that some were more liable to be affected by these causes than others, and our present means of detecting these were necessarily imperfect.

Mr. STREETER observed that it was highly important to treat this disease in its early stages. The two last influenzas were different in their effects on the human race from each other. That of 1833 was more severe and dangerous than that of 1837, which was more general. In his own practice he had observed that those who had suffered in 1833, had escaped in 1837; there were of course many exceptions to this rule, but in the majority of cases it held good. The onset of the attack had not been confined to a few hours, but had extended over a period of many days. He suffered from the disease himself at an earlier period than the majority of his patients.

The influenza differed from the cholera in the rapidity of its progress, for while the latter disease, as had been well shown by Dr. Graves, followed the common progress of human intercourse, the latter had swept over the whole face of Europe in six or seven weeks. In the influenza of 1833, there was a greater disposition to severe irritation of the mucous membranes of the chest, and many cases terminated fatally from this cause; whilst in the same disease of 1837, the cases generally assumed a milder character, and he did not lose a single patient. Respecting the treatment, he considered it highly requisite to inquire into the character of the disease; he agreed with the presi-

dent, that bleeding was inadmissible as a remedy in nearly every case. In the treatment of vernal and autumnal fevers, as well as in epidemics generally, he had found antiphlogistic measures inadmissible; they were always followed by a tedious recovery. The causes of the epidemic were not always from cold, as in the influenza of 1782 it was at its greatest height in June.

Mr. FISHER said that, in common with the previous remarks of members on the influenza of 1837, it had been found that the police of the metropolis had been most severely affected in that year by the disease; in the short space of four days, the numbers of sick in the police force rose from 100 to 400, and in the course of five weeks, out of an average number of 5,000, there were 1,700 laid up. In the year 1833 he had traced 60 deaths from pulmonary phthisis to have been caused by influenza; and in 1837, although the epidemic was more extensively prevalent, only 30 cases of consumption had been traced to this cause. He had recently heard of some fresh cases of the disease. It was remarkable that, during the prevailing wet weather of the last six weeks, the average number of the sick in the whole police force had been only one and a half per cent. At the present time it was only two per cent., but there was no epidemic raging, although at this period of the year the police sick list had generally averaged four per cent.

Mr. ALCOCK was desirous of knowing how long the police were kept off duty by the disease, and whether it raged with the greatest severity among the young or the middle aged.

Mr. FISHER replied, that he possessed no data whatever which would enable him to answer the question of the last speaker, relative to the period of the attack among the police employed on night duty. With reference to phthisis, he (Mr. Fisher) was desirous of learning the experience of members relative to the treatment of that disease with emetics. He had treated some cases by giving an emetic early in the morning, and had followed this plan by mild tonics and steel, and he could safely say that many recovered who would otherwise have died. In cases where the tubercles were broken down, the effect of this treatment was to empty the cavity, and it collapsed, and the patient attained a sound and refreshing sleep. The emetics he had chiefly employed were tartar emetic, ipecacuanha, and, in weaker cases, sulphate of zinc. He had continued their use for six weeks in succession.

The PRESIDENT had administered emetics in phthisis with advantage, and with this view had given the sulphate of copper as preferable, in its causing no nausea, but sure and speedy vomiting. He would refer the members to Dr. Watts's valuable paper in the "Dublin Medical Journal," on the microscopic examination of the sputa in phthisis.

January 22.

#### CASE OF TWINS—PRESENTATION IN TWIN CASES.

Mr. DUNN made some observations upon a case of twin children which had occurred in his practice, in which each infant had its proper and distinct placenta. The first child presented naturally, and was born alive; the next was a footling case, and the child still-born; it appeared to have been dead for a week. He was disposed to believe that the cause of the first of these children being born alive was to be ascribed to its having a distinct placenta.

Mr. STREETER related a case of twins in which there was one common and general placenta; one of the children was alive, the other was still-born. He did not, therefore, conceive that in such a case, where one child survived, it was necessary that there should be a distinct placenta to each.

Mr. DUNN stated that, according to his experience, it was very rare in twin cases to meet with each child



presenting naturally; it was most frequently found that one child presented naturally by the vertex, whilst the other presented by the breech or the foot. The longest period which he recollected to have intervened between the birth of each child was fourteen hours. In that case the presentation of the second child was a natural one, but there was a total absence of uterine pain.

Mr. SNOW stated that his experience, respecting the varied presentations in twin cases, coincided with that of Mr. Dunn. He remembered attending one case of twins in which one child presented by the shoulder, and the other by the knee.

Mr. STREETER said that, in the practice of Dr. Collins and Dr. Ramsbotham, the majority of the children presented naturally; there were, however, occasional and frequent variations to this rule.

January 29.

#### LITHOTRIPSY.

Mr. BROOKE brought forward a paper on lithotripsy. He began by observing, that he should confine himself to such observations as had a practical bearing upon the subject. The accessory apparatus necessary to the performance of the operation consisted of a recto-curvilinear sound, having a curve proportioned to the age of the patient, by which the bladder was explored, and the nature of the foreign body ascertained. A certain degree of rapidity was required in passing this instrument, in order to avoid urethral spasm. He (Mr. Brooke) was accustomed to use a circular sounding board, which was fixed to the sound when it had entered the bladder, and by this means the sonorous vibrations between the sound and the stone in the bladder were more correctly ascertained; vibrations of sound would travel longitudinally, and these would further detect the difference between the relative texture and density of the stone, as well as the smoothness or roughness of its surface, and whether of the lithic acid or mulberry species. The rectangular bed of Heurteloup could be packed up in a small space, and its head could be lowered at pleasure, to enable the operator to reach the *bas fond* of the bladder. This method he considered preferable to the plan of forcibly depressing the sound when in the bladder, which caused the patient considerable pain, from straining the dorsal ligament of the penis and neck of the bladder. The mechanical means employed to destroy the stone were attrition, pressure, and percussion. In the earliest days of lithotripsy, chemical solvents were used in connection with the operation. Attrition was a means now seldom resorted to in the destruction of calculi, as it was only applicable to the smaller kinds, and was inferior to pressure. In employing attrition upon flat stones, he had frequently found that the drill got into the same hole, by which the operation was prolonged and yet no progress made in it. He drew the attention of the members present to an improvement in the drill of the three branched instrument, by which it might be so withdrawn within the tube as to avoid drawing in any fold of the mucous lining of the bladder.

Pressure was employed by a curved instrument having two sliding branches. He objected to pressure, considering it dangerous, unsafe, and highly objectionable; and in employing it he had heard of cases in which the instrument had been broken in the bladder. The stone was less broken, and the dispersion of the fragments more violent. All vesical calculi were more or less laminated in their texture, and by employing percussion to destroy them, their texture was more thoroughly disintegrated than by other means. The quality of the stone was easier detected, and there was no violent dispersion of the fragments; repeated small blows of the hammer were more useful than one large one. The objections which had been raised against the shock which percussion caused to the patient were perfectly groundless, as, if the instrument

were properly placed, the vibration of the blow being longitudinal, neither the bladder nor the urethra could feel the jar. In making the instruments for lithotripsy, it was necessary that they should possess a certain amount of strength, and he had found by experiment that cast steel, hardened at the lowest temperature, gave the strongest instrument. In proving the metal some allowance should be made for the set of the instrument. If these facts were closely attended to, there would be no fear of the instrument breaking. In seizing the stone, the posterior branch of the instrument should be depressed on the inferior surface of the bladder, and by using gentle agitation, the stone soon falls in between the branches. If from asthma, or a determination to cerebral affection, the patient could not be lowered, it might be necessary to use the instrument in a lateral direction. The stone, when seized, should be placed in a safe position in the bladder, and the instrument drawn forwards for a certain space; this would determine the depth of the bladder from before backwards; the instrument should then be returned back to a medium distance between these two points, and the stone would then be in the centre of the fluid contents of the bladder, and this method should be adopted in crushing every single calculous fragment. In using percussion every succeeding shock should be increased in strength, and the broken fragments removed by the spoon catheter of Heurteloup, which had a hollow in each branch. In common cases the action of the bladder alone was sufficient to remove all the fragments; but in cases where from paralysis of the bladder, or diseased prostate gland, this was insufficient, the spoon instrument was very useful; or the evacuating sound (having a large eye and a jointed stiletto) might be used to inject the bladder. If a calculous fragment should lodge in the eye of the instrument, it should be removed by introducing the stiletto, and pushing the small calculus into the upper chamber of the instrument, and crushing it. If a fragment of stone lodged at the neck of the bladder, anterior to the triangular ligament, it should be removed by a small pair of forceps, invented by Professor Fergusson; or if it were posterior to the triangular ligament, it should be pushed back into the bladder; if spasm occurred at this time, it would be best obviated by making the patient pass water. Rigors sometimes occurred after the introduction of instruments in these cases; but Baron Heurteloup has laid it down as a lithotriptic axiom, that rigors never occurred after the stone had been broken. Cases sometimes happened, as in children, where the patient could not refrain from making powerful muscular efforts, by which the fluid was thrown into the upper part of the bladder, and the operation rendered more difficult of performance. A diseased and rugose state of the membrane of the bladder, or an increase of its muscular coats, by which the mucous lining was thrown into small sacculated pouches, in one of which a calculus might be imbedded—such a state of facts as this would render this operation, as well as lithotomy itself, a difficult one to perform. Some steps of the operation were then demonstrated, but in a very imperfect manner, and the time of the meeting having expired, the discussion was, on the motion of Mr. Alcock, adjourned.

#### ROYAL BERKSHIRE HOSPITAL.

[Practice of Mr. F. A. Bulley.]

PAINFUL SWELLING OF THE BREAST, APPARENTLY DEPENDING ON IRREGULARITY OF THE CATAMENIAL DISCHARGE.—NEURALGIA.

M. A. Holloway, housemaid, aged 23, was admitted into the Royal Berkshire Hospital, September 2, on account of a painful enlargement of the left breast, which she said had existed for about six weeks.



There was no external redness, nor any indication of the presence of matter in any part of its structure. It was, however, extremely tender to the touch, the tenderness extending superficially up the neck on the same side as far as the mastoid process, about which part there was a slight blush of redness. She could give no exact account of the origin of her complaint, farther than that, about six weeks before admission, she began to feel dull pains in the breast, and observed the progress of a soft and uniform enlargement of the glands her health also became disordered, and, from being in a state of tolerable health before, she became nervous and irritable, occasionally affected with shiverings and flushes after taking food, sickness, with loss of appetite, and feeling of great depression and fatigue after very slight exertion. She also became affected with hysterical sensations to which she had not been particularly liable before. The catamenia had been scanty and irregular in their appearance for some time. The general and local symptoms had continued to increase until she found she was obliged to give up her work entirely. She now appears extremely nervous, and has all the signs of disordered health which I have mentioned. Thinking her complaint to be simply local neuralgia, depending on uterine disturbance, I prescribed for her the following plaster, which I have found serviceable in similar cases, to be spread on soft leather, and applied over the affected breast and side of the neck, with such medicines as I thought best calculated to allay the general febrile condition of her system, and enjoined the most minute attention to diet:—

Camphor, one scruple;  
Extract of hops, one drachm and a half;  
Spermaceeti, enough to make a plaster. To be spread on soft linen, and applied over the affected parts.  
Tincture of hyosciamus, one drachm and a half;  
Saline mixture, eight ounces. Three tablespoonfuls thrice a day.

A warm hip bath every alternate day; middle diet; with half a pint of weak cold brandy and water daily.

24. By pursuing the simple means I have described, she has daily continued to improve in health. The pain and swelling in the breast have entirely left her, but she still occasionally feels shooting sensations in the neck, with some tenderness on pressure. Sometimes also she feels rather sick, and her head aches, especially in the morning; the catamenia have appeared with no considerable deviation from the healthy function, and unaccompanied by pain; pulse still feeble but regular. She says that she always suffered great pain in the spine and loins about the catamenial period, and especially just before admission, when she described it as a hot pain continually shooting down the spinal marrow. The constant application of the plaster has brought out a copious and very irritable herpetic eruption, to which it is necessary to apply a bread and water poultice, and afterwards lotio plumbi.

27. The deep seated pains of the breast and neck are quite gone; an eruption of the same kind as was produced by the plaster has spread over the cheek of the same side, and the eyelid is tumid and drooping; slight appearances of erysipelas. Hot water in a sponge to be constantly applied to the face. To take house medicine.

29. The slight blush of erysipelas has disappeared, leaving a trifling effusion of the eyelid; to repeat the house medicine.

Oct. 1. Her general health is now quite restored, and the swelling of the breast and the pains in the neck have disappeared; a slight itching on the surface alone remains. Her appetite not having completely returned, I ordered—

Carbonate of soda, fifty grains;  
Infusion of Cascarella, twelve ounces. A tablespoonful, twice a day.

6. Discharged from the hospital apparently quite cured.

Although the preceding case resembled in some degree, the irritable breast so well described by the late Sir Astley Cooper, it differed from it in so many respects, as to make it probable it was not at all of that character. The somewhat sudden appearance of the complaint; the absence of pain, or any particular indication of disease of the part, during previous catamenial periods; the enlargement, apparently from severe effusion of the subcutaneous and interstitial textures of the gland, which not unfrequently accompanies neuralgic affections in other parts, render it not unlikely that it was a purely neuralgic affection—the sympathetic result of the disturbed catamenial function, which again might either be the cause or the effect of the disturbance of the general health.

SEVERE SCALD FROM MELTING PITCH, CURED BY THE APPLICATION OF TREACLE AND WATER AS A LOTION.

George Tull, a bargeman's boy, aged 13, was admitted into the hospital, July 4, 1841. He had been employed by his master in pitching the sides of an old coal barge, when, by some accident, the cauldron containing the melted pitch was overturned, the contents of it being poured upon the foot and ankle of the boy who was standing near it at the time. On his arrival at the hospital, it was found that the pitch, having become cool, had formed a caking over the scalded part, so that it was difficult, if not impossible to detach it, so as to ascertain the exact extent of the injury. In a day or two afterwards, however, the nurse succeeded in removing it, when it was found that the integument covering the foot and ankle had been destroyed, although the cellular membrane and parts immediately underneath appeared to have been unaffected. The detachment of the pitch showed that granulations had already begun to form on the exposed surface of the wound. He had no particular febrile disturbance following the injury, and had previously enjoyed excellent health.

July 6. The surface of the scalded parts being now fully exposed by the removal of the pitch, the foot was covered with a paste composed of equal parts of treacle and flour, with a view to prevent any injurious effects which might arise from the access of air to the denuded surface.

16. The caking of flour and treacle, which had been from time to time thickened by fresh supplies of each ingredient, was removed. The surface is covered with healthy florid granulations. As it was thought that the paste prevented in some measure the cicatrization from the margin, and obscured the disease, it was discontinued, and instead of it a lotion composed of equal parts of treacle and water, was ordered to be kept constantly applied to the parts. He was placed on middle diet.

Sept. 7. The surface of the scalded parts has become almost entirely healed, without any appearance of seam or contraction in the cicatrix. A number of boils have appeared on the neighbouring integument of the leg, which I attribute to his having been on extra diet, with porter, without using proper exercise. Discontinuing this, the boils rapidly disappeared. A lotion containing chlorate of lime, in solution, was ordered to be used to the unhealed parts.

28. The scalded foot, although now quite healed, has a red tettery appearance. The acetate of lead cerate to be applied twice a day. The change of diet seems to have had a beneficial effect in completing the cicatrization; has been lately using the hot water pump to the foot, with some apparent advantage. The joint is somewhat stiff, although there is no appearance of contraction of the cicatrix.

Oct. 4. The appearance of the foot, and the movement of the ankle-joint, have become greatly improved during the last few days, owing, he thinks, to the unremitted use of the hot pump. The whole cicatrix



has a healthy smooth appearance, without seam or puckering of any kind; and, as he was able to move the joint freely, and walk about the garden with tolerable ease, he was discharged from the hospital, and made an out-patient.

He called a short time afterwards and told me that he walked with perfect freedom, and had had no return of ulceration of the cicatrix, as is sometimes found to be the case after injuries of this kind.

In recording the treatment adopted in the foregoing case, I do not wish to take any credit to myself for employing a remedy with the virtues of which, in such cases, surgeons have been long acquainted. Mr. Greenhow, of Newcastle, first introduced it into practice, using it as a defensive, for the purpose of preventing the access of air to the denuded parts. He did not, I believe, continue to use it throughout the whole progress of the case, but substituted for it other applications which the circumstances of the case might afterwards seem to require. In the commencement of the preceding case I used it, mixed with flour, for the same purpose of excluding air, but, finding it occasioned pain, and that I could not properly see what was going on underneath, although it had seemed to promote the growth of granulation, I determined to use equal parts of treacle and water, on rags, constantly applied as a lotion to the injured surface. The application of treacle in this manner has convinced me by the result of this, and other cases similarly treated, that it has some specific effect in expediting the cicatrization of burns and scalds, however extensive they may be, and that it prevents, in a great degree, the unsightly puckering and contraction which too often interfere with the proper actions of joints involved in these accidents. I have, since that time, had several opportunities of testing its value as a remedy in these cases; and have, from what I have seen of its effects, adopted it in every case of the kind which has come under my care, both in hospital and private practice; and in each case it has seemed to have been instrumental in preventing, or at least diminishing, the chances of consecutive contraction.

#### KING'S COLLEGE HOSPITAL.

##### EXCISION OF THE SUPERIOR MAXILLARY BONE.

On Wednesday last Mr. Fergusson excised the superior maxillary bone, before a numerous collection of students, and members of the profession, from different parts of the metropolis. We had the advantage of being present during the performance of this difficult operation, and cannot avoid expressing our admiration of the coolness and dexterity which Mr. Fergusson displayed on this occasion. The patient was a child about 12 years old, affected with a tumour of the superior maxillary bone; the tumour had grown very slowly, and presented several characters, which induced Mr. Fergusson to believe that it was not of a malignant nature. The result of the operation proved the correctness of Mr. Fergusson's diagnosis. The morbid growth was composed of bone, and fibro-cartilage: the whole of the diseased parts were removed, and we sincerely trust that the ultimate result of the operation, which cannot fail to increase Mr. Fergusson's reputation in a remarkable degree, will be favourable.

#### POOR-LAW MEDICAL RELIEF.

We have been favoured by the President of the Royal College of Surgeons with the following communication on the subject of poor-law medical relief. Although we cannot agree with Mr. Guthrie in expecting any considerable ameliorations from the poor-law commissioners, we cannot but return our thanks, on the part of the medical profession, to Mr. Guthrie, for the praiseworthy exertions, which we have reason to

know he has recently made on the behalf of union surgeons:—

“4, Berkeley-street,  
Feb. 1, 1842.

My dear Sir,—I am glad to have it in my power to inform you, that I have again conferred with the poor-law commissioners, on the subject of the various grievances of which the surgeons employed under the poor-laws complain; and they have been pleased to make such alterations in their regulations about to be issued as will redress nearly all of them; and I have a confident hope that, in the course of a reasonable time, the whole will be removed.

From the various communications I have had at different times with the poor-law commissioners, and particularly with Mr. G. C. Lewis, I am convinced that the members of the medical profession have firm friends in them, and I rely as much on their kindly feelings as on the justice of the claims which may be placed before them.

A careful inquiry has satisfied me that the total sum paid by the different boards of guardians, to all the practitioners in England and Wales in charge of the poor, is not half what it ought to be, according to any of the computations or calculations which have been made, either by doctors or assistant poor-law commissioners, on the subject; and if the guardians of the poor will not consent to give a reasonable remuneration to a medical man for his attendance on the poor, the public must not expect them to be fairly or honestly taken care of.

I beg you will have the goodness to communicate the contents of this note to the gentlemen who favoured the vice-presidents, and myself, with their company at the college; and that you will believe me to be, most truly yours,

G. J. GUTHRIE, President, R.C.S.

T. Howell, Esq., Clapton.”

#### PETITION ON POOR-LAW MEDICAL RELIEF.

The following form of petition on the subject of poor-law medical relief has been adopted by the Worcester Council of the Provincial Association. As the season for active exertion in this important matter is rapidly approaching, we would earnestly entreat the local councils of the Association to prepare petitions of a similar nature for presentation to Parliament.

A well sustained effort at the present moment cannot fail to produce beneficial results:—

That the bill, which your petitioners expect will speedily come under the consideration of Parliament, for the further amendment of the laws relating to the relief of the poor, will afford an opportunity for improving the present imperfect and unsatisfactory provision of medical relief.

That in the year 1838, a committee of your Honourable House examined several medical practitioners, who were unanimous in suggesting certain amendments of the present system, several of which were approved of and recommended by that committee, and have since been agreed to, although not adopted by the poor-law commissioners.

Your petitioners therefore humbly pray that provisions to secure the general adoption of these measures may be introduced into the said bill; and, in particular:—

First,—That a medical director may be appointed to superintend all matters relating to the medical relief of the poor, to which department his whole time and attention may be devoted.

Secondly,—That the disgraceful and injurious system of appointing union medical officers, by tender, may be abolished; and that a rate of remuneration, calculated to secure an adequate supply of medicines and medical attendance to the sick poor, may be ensured to those officers by the enactment of maximum and minimum limits to such remuneration, thus protecting on the one hand the rate payers, and on the other the medical profession; thus also allowing the board of guardians of each union to determine the precise amount of payment within the prescribed limits, according to the custom and peculiar circumstances of the respective localities, and subject to the final decision of the medical director, in case of dispute.

Thirdly,—That certain limits, to the extent and population of medical districts, may be defined; and that an increase of remuneration, in proportion to the distance of each parish from its medical officers, may be determined, so that the guardians may be induced to place the poor in charge of the nearest duly qualified practitioner.

And Fourthly,—That no future practitioner may be eligible to the appointment of medical officer, unless he shall have proved his competency to practise by passing examinations in medicine, surgery, and midwifery, and unless he shall have been in actual practice, as principal or assistant, for two years.

By the enactment of the above provisions, your Honourable House would humanely confer a most essential benefit on more than a million poor, annually suffering from sickness combined with destitution,—would afford important protection to the public in general, and would grant encouragement to the members of a useful profession in the performance of the most laborious and arduous department of their duties.

And your petitioners will ever pray.

### PROPAGATION OF GLANDERS BY INFECTION.

A writer in a late number of the "Sporting Magazine" relates the following anecdote, which tends to prove that glanders may sometimes be propagated by infection. This idea has not, we believe, been entertained by M. Rayer, or other writers on glanders, although the possibility of such infection is alluded to by Professor Williams, of University College, in some observations which he recently published on a case of glanders.

"In reference to a conversation which I had with him when last in Ireland on the *questio vexata* of the propagation of glanders by infection, he observes: 'Mr. Cooper, of the county of Sligo, a gentleman of large fortune, is the person who had his horses infected with glanders. Every particle of wood-work in the stables, including stalls, rack, manger, &c., was taken down or replaced with new materials. The plastering on the walls was completely removed, and the pavement ripped up, and all was replaced with entirely new work; but the first horses that were again put into those stables became infected, and the stables were ultimately razed to the ground! Indeed so prevalent is the idea of the infectious nature of glanders in this part of Ireland, that I never knew of any gentleman who was so unfortunate as to have his horses glandered that did not either destroy his stables, or convert them into some other purpose, and get new ones built. The opinion here entertained respecting this disease and its ally, *farcy*, is, that after they are once developed in a shed or stable the infection remains for years.'

The writer of the foregoing is a private gentleman; and, in a practical point of view, his views on glanders

are, in my opinion, well worthy attention. I have frequently seen his house besieged with the sick horses of the neighbouring gentry and peasantry, with their grooms or owners, eagerly seeking his opinion and advice as to the nature and best method of treating the disease, whatever it might be. If great experience, combined with natural sagacity and quickness of perception, in the hygiene of horses entitle their possessor to attention, then the opinions above written merit our best consideration."

### SCRIVENERS' SPASM, CURED BY DIVISION OF MUSCLES.

By PROFESSOR STROMEYER.

The disease which may be familiarly called Scriveners' spasm, and consists in permanent contraction of the long flexor of the thumb, is not very rare. Several cases have been published in Germany by Albers, Heyfelder, and Kopp; and in France by Cazenave and David. The chief characteristic of this affection is an absolute incapability of using the pen, for writing, although the strength and motions of the hand remain unimpaired for all other purposes. Some authors regard it as a species of spasm; others, as depending on paralysis; it is generally permanent, but occasionally appears at intervals, and then is commonly brought on by long continued use of the pen. This affection, though apparently slight, is most obstinate, and resists every method of treatment that has hitherto been employed against it. The following cases, which we abridge considerably, had baffled the skill of Professor Stromeyer, until he had recourse to division of the flexor muscle, which was attended with complete success.

CASE I.—J. M., a public writer at Hanover, laboured under this disease during two years. A celebrated physician had tried every kind of remedy without avail. Whenever he began to write, the muscles of the ball of the thumb were seized with spasm, which compelled him to desist, but the spasms did not appear at any other time. M. Stromeyer also tried a variety of means ineffectually, and then divided the small flexor muscles of the thumb. This likewise failed, and the sensibility of the palmar surface of the thumb was destroyed. It was now clear that the action of writing depended on the long flexor, but the patient refused to permit any more operations to be performed on him.

CASE II.—The subject of this case had suffered under the disease for fifteen years, when first seen by M. Stromeyer. The rigidity of the muscles of the ball of the thumb was not, however, present, but the last phalanx of the thumb became suddenly flexed, whenever the patient attempted to write or play on the piano.

The long flexor was not permanently contracted, nor did it impede any other motions of the hand. From the deep situation of the muscle it was not easy to divide it separately. M. Stromeyer bent the first phalanx strongly to a right angle, and at the same time turned the thumb as much out as possible; he then passed a very small, curved tenotome underneath the tendon, and divided it. The sensibility of the thumb was very considerably diminished after the operation, but was restored, on the dorsal aspect the next day, and on the palmar aspect within a fortnight. The natural power of moving the thumb, also, returned at the latter period, and the patient was able to write or play on the piano without the slightest return of the spasm.—*Arch. Gen. de. Med.* Jan., 1842.

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## COURSE

OF

## LECTURES ON PHYSIOLOGY & SURGERY.

By JOHN HUNTER, F.R.S.,

(From the Manuscript of Dr. Thomas Shute.)

### Lecture XXIII.

#### THE VENEREAL DISEASE.

(Concluded.)

Recent cases of the venereal disease are the most simple of any of cure.

When the disease is circulating in the blood, the seat of it must be attacked by carrying mercury into the constitution; but sometimes the absorbents will not take up the remedy, in which case every preparation of mercury should be tried. There are two ways of giving mercury; by the mouth, and externally. The external application of mercury is much the best when it can be complied with; for if the skin be affected, this is not so essential to life as the viscera. When given internally, it often affects the viscera, even in any form.

The quantity of mercury given for the cure must be in proportion to the disease. The quantity must likewise be administered in a given time, otherwise it will lose its effect on the constitution. For instance, one ounce of mercurial ointment will be more efficacious, if given in two days, than two ounces administered in six days; to be equally efficacious three ounces must be given in that time. A thousand ounces will not cure, if given so slowly as not sensibly to affect the constitution.

If mercury is very gradually given, so as by degrees to accustom the constitution to its stimulus, then a large quantity may be given in a short time, without producing any effect.

The effect produced by giving this medicine is an increase of the secretions, especially the saliva, sweat, urine, and secretions of the bowels. This last effect is produced by the increased secretion of the pancreas, and probably the other glands which belong to the intestines.

The cure does not depend on the evacuations or their quantity, for when those evacuations are produced by other medicines, this does not affect the disease. Evacuations are rather found to retard than facilitate the cure.

The quantity of mercury given must be regulated by the evacuations, for some constitutions are so much stimulated by mercury, that, if care is not taken, the salivation may be carried to such a height as to suffocate the patient. Some suppose that quantity is only necessary for the cure, but quantity alone will not cure, if ever so great, without the constitution is sen-

sibly affected by it. Neither will a cure be effected when mercury produces a considerable salivation, if a quantity of it has not been given; for in some constitutions a very small quantity of mercury will produce a very considerable salivation, which will last several weeks; yet it is found that such salivation does not cure. It therefore appears that mercury must be given in such a quantity as to produce visible effects between the disease and constitution.

There are three ways in which mercury may act, so as to perform a cure; it may act on the poison by decomposing it, or by uniting with it, and carrying it out of the constitution; either of these actions must be chemical. Or it may act on the constitution by a stimulus on life. If mercury acts on the matter, then quantity alone would be sufficient to cure the disease. But if on the living principle, then quantity alone is not sufficient to produce the cure. The quickest cure will be produced by the quantity of its visible effects.

It is necessary to produce local irritations, such as increased secretions.

*Rules for the Administration of Mercury.*—Previous to the giving of mercury, it is proper to know how it affects the constitution; this may often be known of the patient from his having taken mercury before. For external application the preparing it with oil keeps it divided, it also attaches it to the skin and keeps it moist; it may likewise assist absorption and pass with it into the lymphatics. Perhaps the lymphatics are incapable of taking in mercury alone. To begin, one drachm may be rubbed in every night for six nights; if this affects the mouth, then the quantity should not be increased; but if the mouth is not affected by that time, more should be used at once. No rule can be absolutely given; it is best to affect the mouth a little. Sometimes it increases the sweat or quantity of urine.

The constitution may, perhaps, often be cured, before the local appearances are well; yet it will be proper to continue the frictions for about ten days after all appearances of the disease are gone off, to be secure. When mercury has failed in producing a cure, it is necessary to know in what it has failed before we attempt to give it again. The mouth in general is the best test of what the constitution will bear. When the mercury gets an outlet, it does not do so well, for it is apt to run off immediately that way without producing an universal effect on the constitution. The unction should be rubbed on a large surface, for the quantity absorbed is probably in proportion to the surface on which it is rubbed.

No kind of diet has effect in retarding the cure, and I think that a man would get equally as well if he lived ever so luxuriously, got drunk every day, and slept in the fields.

Cold, however, has very considerable effects; it

may increase the venereal stimulus, and by that means counteract the action of mercury.

Internal remedies are in general sufficient to cure; but there are many constitutions which cannot bear mercury internally in any form. It often produces disagreeable effects on the stomach and intestines, to prevent which it may be joined with essential oils, and tea of chamomile flowers given. The cause of mercury purging may be its meeting with an acid in the stomach, and forming a salt, which irritates the intestines. To prevent this salt from forming it may be joined with an alkali, therefore making it up with soap is often attended with good effects. To prevent its affecting the stomach and intestines, when the salt is formed it may be joined with opium or essential oil; joined with any fixed alkali or calcareous earth will prevent its forming a salt. If not given so it may be joined with two-thirds of opium.

The doses of mercury given may be of mercurius calcinatus half a grain every night, which may be increased to two grains every evening and one in the morning. If calomel is given, three grains of that will be only equal to one of mercurius calcinatus. If crude mercury is given, fifteen grains are only equal to one of mercurius calcinatus.

It will be often necessary to continue a course of mercury for six weeks or two months. If the symptoms go off very quickly, it may be suspected that the constitution is slow of cure; when the symptoms are long in going off the disease is not so apt to return. The way of life may be the same as before; vegetables often cause griping, by forming a salt with the mercury; when that happens they should be avoided.

In the second stage of the disease, where the periosteum and tendinous parts are affected, as much mercury as possible must be given, and steadily pursued, so as to affect the constitution. When the constitution has been accustomed to mercury, a much larger quantity of mercury must be given at first, so as to surprise the constitution, otherwise a large quantity may be given without any effect.

In these old cases, where it is necessary to give a large quantity of mercury at once in the beginning, it should be rubbed in, for the necessary quantity will be too much for the stomach and intestines to bear.

Inflammation will remove nodes without mercury; therefore, by applying a blister, or making an incision down to the bone, the venereal inflammation will be entirely destroyed. The advantage of such a practice will be the removal of pain sooner than the mercury would have effected it. Another advantage will be the discharge of any pus which may have formed, for matter will sometimes lay a long time quiet, and lay the foundation for a future return of the disease. A woman in St. George's Hospital was salivated several times, each time having a return of her complaint. It was at last observed that she had a tumour on the inside of the biceps in the arm, which fluctuated; this was opened, and the matter discharged. She was then salivated again, and the disease did not return after. This tumour was a reservoir for absorption.

When venereal matter lays for a long time in a gland without going forward or backward for a considerable time, it is probable that such constitutions have a scrofulous tendency.

The local effects in old cases are with much more difficulty removed than in recent ones, they having acquired an indolent disposition. The matter produced is in general more like mucus than pus.

The nourishment given during salivation should be fluid, the patient being unable to chew solids; but the fluids given should be such as will become solid in the stomach, otherwise they will nourish very little.

Soup, broth, jellies, and all such kind of food, is absurdly given as nourishing; nature has not given us any food but what is solid, the stomach being only capable of digesting solids. It may be objected by

saying that milk is a fluid; but milk becomes coagulated in the stomach, forming curds and whey; if it does not it affords no nourishment. An egg, when given raw, becomes coagulated in the stomach before it is digested.

If a dog is fed with a pound of meat every day, and weighed, to observe what he gains by it, and afterwards is fed with the same quantity of meat boiled down with as much water as he used to drink with the solid meat, it will be found that he will lose considerably in his weight, which is a proof that soup or jelly is little nourishing. Portable soup, when given solid, is nourishing, but when boiled is little so. If a calf is killed half an hour after it has sucked its mother, the milk will be found curdled in its stomach.

Mercury is the only medicine which can be trusted for the cure of the pox. Gum guaiacum has a specific effect on the disease, but not sufficient to eradicate it.

A patient, who had venereal blotches and excrescences in each axilla, had a poultice of guaiacum applied to the left axilla, and one of sarsaparilla to the right; the excrescences on the left side healed in a fortnight, when those on the right side grew worse. The guaiacum poultice was then applied to the right side, and they got well in a fortnight. This man took internally half a drachm of guaiacum three times a day, with opium to prevent its purging; all the symptoms went entirely off, but the disease returned again in a fortnight. This case shows that guaiacum has very powerful effects on the constitution, and may be useful in cases where the constitution will not bear a sufficient quantity of mercury to cure the disease. When the guaiacum poultice was applied no medicine was given; it was after the excrescences were well that the guaiacum was taken internally. In giving this medicine, as much should be used as the constitution will bear.

Ill-conditioned sores are often caused by giving of mercury. When mercury has destroyed the venereal disease, then the sarsaparilla will cure those ulcers which the mercury had occasioned, from which sarsaparilla has been supposed efficacious in the pox.

It has been before observed, that in venereal sores a new disposition often arises, which is increased by mercury and cured by bark. The ulcers in which sarsaparilla is beneficial seem to be of a third kind—that is, between the venereal and the new disposition. This third species is cured by sarsaparilla united with mercury; if mercury has not been previously given it does no good. Sarsaparilla is often serviceable in destroying that disease which mercury occasions in some particular constitutions. From the idea of its being of advantage in the venereal disease, it has been given with mercury, with a view to assist its operation. Whether it has this effect is not known; however, it is easy to conceive that it may in many cases be of service to prevent the disease occasioned by mercury. It is, therefore, very proper to join them. When given with mercury, the guaiacum and other woods would be an addition to the medicine. The sarsaparilla is often given in decoction, three ounces of it to three pounds of water boiled to one pint; this quantity to be drank in one day. It is often taken in powder with the same effect; but an extract made into pills would be the neatest way of taking this medicine.

Hemlock is sometimes very useful in these cases, especially where they have a cancerous appearance. Fomentations of hemlock cured a patient with such ulcers in six weeks.

To the new disposition mercury is a poison; and when mercury has reduced the venereal below the new disposition, then that takes place, and the ulcer flies out. When this disposition is reduced below the venereal, then it flies out again, each time vibrating backwards and forwards as the pendulum of a clock, and each time being less and less until it is cured.

The crude mercury and calx are soluble in saliva. If crude mercury is held a considerable time in the



mouth, it becomes soluble, and may be tasted, and the taste remains in the mouth for some hours after. Gold is likewise soluble in the saliva, but the taste of this will remain in the mouth for two or three days.

I made the experiment of tasting crude mercury in my mouth, to ascertain its true taste. I afterwards tasted other preparations of mercury in the same manner, and found they were all alike. I then made a course of experiments with different preparations of mercury, first taking mercurius calcinatus until it affected my mouth, and I found it had exactly the same taste as the crude mercury. I afterwards made my mouth sore at separate times with calomel, corrosive sublimate, and by unction; each gave exactly the same taste when they affected the mouth, and other preparations gave the same taste on experiments. Hence I conclude that every preparation acts in the same manner, and is the same when in a state of solution in the constitution. If it was not dissolved it could not be tasted. Crude mercury is not easily soluble in the juices; therefore, when taken undivided, it has little effect. When divided by gum arabic or other means, it is easily soluble in the stomach, and purges. The calx is still more apt to purge, being easier soluble in the juices. All the preparations of mercury are soluble in the animal juices, and are reduced to the same state. If the preparations could enter the constitution in the state they are administered, then the cure must be performed in different ways, for their actions must be different.

Mercury causes irritability in the system, which is shown by people who are accustomed to be electrified; for the same shock which they have been used to, they cannot bear after having taken mercury for some time. Therefore, where electricity has done little good, by giving mercury it has so disposed the constitution to be irritated by it, that it afterwards has cured.

A gentleman had electricity recommended for a complaint which he then laboured under; it was used for some time without any apparent effect. At length, having the venereal disease, he took mercury, and while under this course electricity was again used for the former complaint; but upon trial the patient had become so irritable that he could not bear a shock of half the force of the former; but electricity now had more effect on the disease than before, though the shocks had been twice as strong, and he at length was perfectly cured. From the above case the surgeon took the hint to give mercury in other cases where electricity was used without effect, and with equal success.

When Mr. Walsh was making his experiments on the torpedo, a servant who assisted him, and who was very familiar with the effects of electricity, was made so irritable by mercury that he could not bear the usual shocks.

From the action of mercury sometimes being too violent, medicines are advised to check it; sulphur has been chiefly recommended, and this seems to prevent its operation on the constitution; it may, perhaps, combine with the mercury, and make a kind of Æthiops mineral, that medicine being a combination of mercury and sulphur. Æthiops does not act as mercury does.

When sulphur is chemically combined with metals, it prevents their effects on the constitution; and when combined with mercury, the preparation has no effect on the constitution as mercury, as factitious cinnabar, for instance, not even when mechanically combined; for Æthiops mineral is only the mercury mechanically combined with sulphur. That sulphur enters the constitution, is known from the sweat and urine smelling of it; when taken freely, it will then cure the itch. Its power of stopping the effects of mercury may arise from its effects on the salivary glands, being different from that of mercury. When sulphur is united with a metal, it destroys its solubility in the animal juices. None of the cinnabars act either as

sulphur or as mercury. Crude antimony is almost inert from the large quantity of mercury it is combined with. Sulphur even destroys the power of arsenic; as also iron, under which last state of combination, it forms a pyrites. It is probable that sulphur acts as an antimercurial stimulus, and by that means counteracts mercury. When mercury attacks the bowels it is often dangerous, but it is in our power to check its effects on this last part more than any other, for which opium should be given in such quantities as shall be equal to the disease, and it seldom fails to cure all the symptoms. Purging is likewise recommended, but that can have no effect.

Sometimes there is a continuation of the salivation from habit, a gleet of these parts, which is very different from the salivation continued by the action of mercury, and must be treated differently. In such cases a strengthening diet must be used, and a course of strengthening medicines, as the bark, &c. It likewise will be useful to wash the mouth with astringents, as decoction of bark, the tincture, &c. Sea bathing is a very good restorative of a relaxed habit, particularly after mercury.

The teeth often become loose from an absorption of the alveolar processes and gums; these are taken up from the irritation of the parts; the gums slough, and pieces of the jaw often exfoliate. What state the alveoli are in when the teeth are loose, and how they afterwards are fastened, can only be with certainty known by examination in different states.

*Prevention of the Disease.*—The origin of this infection being known, it can with the more certainty be prevented. It may be prevented in two ways—the first is, by using such substances as will prevent its stimulating, such as oils of all kinds; if they have a little degree of tenacity, they are the better. Oil rubbed on a free part adheres to it, and prevents anything watery touching it. The second have a power of mixing with the venereal matter, and removing it from the part to which it is applied; of this kind, the caustic alkali is the best, as it unites with the matter, forming a kind of soap, and by that means is easily washed off; it is possible that this union with the alkali may destroy the poison. The alkali must be diluted or it will excoriate. Aqua calcis makes a pretty good lotion. If both these modes are used there will be still more security. Goulard's extract has a power of coagulating the animal juices; how far this will answer I cannot determine, for the matter may be coagulated and still not destroyed.

## CASE

OF

## LARGE OSSEOUS TUMOUR IN THE CAVITY OF THE ABDOMEN,

WITH

## THE AUTOPSY AND REMARKS.

By F. A. BULLEY, Esq., Surgeon, Reading.

Mrs. F., aged 67, an unmarried lady residing in this town, consulted me, October 22, 1841, respecting her complaints, which were as follows:—She was then and had been suffering for some time past from a constant unremitting noise, or sensation of buzzing and roaring, in her ears, particularly in the right, occasionally changing to a kind of continuous whizzing, which she compared to the hissing of a steam-boiler while the vapour was escaping. She had no headache, but only those worrying, harassing feelings which at times seemed to extend upwards in the direction of the lateral sinuses. She attributed her distressing suffering to a violent cough which had affected her last June, when she was seized with paroxysms of great severity, frequently recurring and usually



ending in fits of crying, which seemed to relieve her. This cough ultimately left her, but the straining which had accompanied it, appeared to have occasioned these unpleasant sounds in her head. Sleeping or waking they were now always present to her, and were a source of great anxiety, as she feared that they would one day or other cause the estrangement of her reason, which, to her friends, had hitherto seemed uncommonly sound and clear.

For these symptoms she had consulted an eminent physician in the town, who considered her complaints to depend upon some peculiar but obscure cerebral condition, referring her strange sensations to some lesion of the brain, which it was difficult exactly to define. She was afterwards attended by my father, who recommended cupping in the neck, but this afforded her very trifling or no relief. When I first commenced my attendance upon her, which was shortly after this period, she had, in addition to these symptoms, extreme tenderness on pressure in the epigastric region, and a sensation of dragging downwards of the stomach, which she described as very distressing. She every now and then threw up a quantity of clear fluid of an acrid and pungent taste, and when she did this, the dragging was in some measure relieved. She would then have a short interval of comparative ease; she had felt this sensation of dragging down of the stomach, most particularly after walking up a hill, or when fatigued; and latterly she had always experienced it when not in the recumbent position.

Her attendant, a very intelligent person, gave me the following history of the progress of her case from the time she had first known her, many years ago. She had, as long as she could recollect, been subject to a fluttering sensation in her left side, which always caused her more or less anxiety and depression of spirits, with eructations of some fluid and other signs of disturbance of the stomach; but until within a few years past she had experienced none of the dragging sensations which had now become so constant and harassing. There had always existed a necessity for her taking aperient medicine, without which she seldom or ever had a natural stool. She had never lately been able to lie on her left side without great uneasiness, and when she attempted to do so, she immediately became sick, and felt otherwise very uncomfortable. She had occasionally experienced a dull heavy pain in the right iliac region, especially after walking, which she referred to fullness of the bladder from the temporary accumulation of the urine on these occasions. At the age of 52, the catamenia appeared for the last time somewhat profusely, and accompanied by great heat and itching of the external organs, with a burning sensation extending inwards, towards the os uteri, which was at this time very severe. She had never previously had any morbid discharge from the vagina. She had before that period always menstruated very regularly, but profusely; and of late years had always had more or less of the burning and itching, with excoriation of the external parts. When the catamenia had ceased, the itching and the heat in a great measure left her, but the dull aching pain in the right side remained, and especially troubled her after walking. About twenty-three years ago, she was confined to her bed for a twelvemonth with what was then considered, by the medical gentlemen who attended her, as an affection of the liver, when she experienced great relief, and was indeed restored to comparative health, by the use of the nitro-muriatic bath. She had distressing sickness all this time, which was thought to depend on a neuralgic condition of the stomach. She never perfectly recovered from this attack, and always afterwards she more or less experienced the dyspeptic feelings I have described. She would now and then, when walking, throw up mouthfuls of sour fluid, and this symptom remained until her death. She occasionally also had slight paroxysms of coughing, but never when she laid down; they seemed to

come on after she had been moving about a little time. After this illness she became immensely stout. The cough was not very violent until last June, when it greatly increased, and she went to London for advice, but received very little relief from the remedies employed; it however left her, or at least became very little troublesome in the beginning of last October, when the noises in the head began, and continued until within a few days of her death.

About this period I was called to attend her, in consultation with the physician who had formerly attended her. She had now all her former symptoms in a very aggravated degree; the perpetual noises and roaring in the head; frequent sour eructations; tenderness in the epigastrium on pressure, but which she did not describe as pain; and the constant dragging down sensation of the stomach, which constantly annoyed her. She was still extremely fat, and it was at first difficult to detect through pressure upon the abdominal parietes any change from the natural condition of the parts within. By and by, however, as she wasted, there could be distinguished an abruptly defined and hardened mass of altered structure in the right iliac region, extending across the umbilicus, which seemed to arise from an indurated and enlarged condition of the liver. Whatever this might be, however, the small intestines lying over it obscured the examination, and rendered the sensation communicated to the fingers very indistinct. There was also a swelling in the left hypogastric region, which at times seemed to have moved or become less, which led us to believe that this might depend on accumulated feces in the sigmoid flexure of the colon. The dragging sensation had now become almost intolerable, and she was obliged shortly afterwards to take to her bed entirely for relief. She could now no longer take solid food, as it caused her to vomit immediately, increasing the dragging feel; and she was thenceforth only able to take nutritious fluids, which she swallowed with great difficulty, as if there was some constriction of the oesophagus a short distance down the tube. After she had taken a certain quantity of fluid, she began to vomit or gulp it up with great difficulty and distress, and the stomach was thus relieved of its burthen, and she felt somewhat easier for a time, until she was again obliged to take the liquid food, when the vomiting again returned; and these symptoms continued in this manner until within a short period of her death.

Her bowels now became obstinately constipated, and injections were absolutely necessary to relieve them, and, at first, large quantities of fecal matter were removed; but the quantities brought away progressively diminished, and, in about three weeks afterwards, there were no feces to be seen in the injections, although they were retained, for some time, in the intestine. The enemata, which were principally composed of gruel and purgative salts, were then discontinued; and for a whole twelvemonth, before she died, she did not pass the smallest quantity of fecal matter. Every kind of aperient medicine had been given, internally, without effect. Opiates afforded no relief to her sufferings, nor, indeed, did any of the medicines which were prescribed. Frequent draughts of hot water, almost boiling, seemed to give her the greatest comfort, as well as large doses of carbonate of soda, which appeared to neutralise the acid secretions of the stomach, which always accompanied the vomiting and regurgitation, and thus seemed to extend the interval between these attacks.

She did not now, being confined to the recumbent position in bed, make so much complaint of the dragging sensation, but there was constantly, to some extent, the same pulling weight at the stomach, which had always harassed her. The attacks of vomiting now became more frequent, with very short intervals between them; a kind of transparent fluid, not acid, but very viscid and sticky, kept constantly draining



from the back part of the fauces, and apparently from the upper part of the larynx, which it seemed, in some measure, to clog up, causing a most embarrassing, suffocating feel. She experienced no longer the noises in the head, except occasionally, and then not nearly so severely. She now became gradually weaker, but her general sufferings diminished; a low febrile state of the system supervened, which induced great thirst, and her tongue assumed a dark brown colour; she became delirious, and began gradually, but obviously, to sink; and on Jan. 16, she died, apparently quite worn out by her sufferings. She never had had, during her long and severe illness, the slightest symptom of inflammation of any organ; and her pulse, with the exception of occasionally slightly intermitting, did not deviate materially from the healthy standard.

*Autopsy, Sixteen Hours after Death.*—The anterior parietes of the abdomen were covered with fat, to the depth of about three inches in its thickest part. It was this condition that at first obscured the detection of the changes which had occurred in the abdominal cavity. On the left side of the umbilicus there was a small irreducible omental hernia, which did not seem to have been capable of producing any considerable dragging upon the contents of the abdomen, so as to account, in any way, for the uneasy sensations she had experienced. On laying aside the parietes, the small intestines generally appeared healthy, and were not preternaturally distended. The cœcum, and commencement of the colon, contained a very small quantity of hardened fecæes. The duodenum was of a somewhat darker colour than natural; the colon was much contracted throughout its whole extent. On pressing aside the small intestines there was observed, in the right iliac region, lying loosely in contact with the posterior part of the abdominal cavity and the spinal column, a hard, firm, bony mass, with an irregular tuberculated surface, of about the size of a large ostrich's egg, and of a somewhat oblong shape, covered with a dense smooth membrane, which seemed to have been formed by a prolongation or extension of the peritoneum, covering the uterus, in which this tumour seemed to have had its origin. The tumour was connected to the fundus of the uterus by a narrow membranous band, about three inches long, which seemed to pass off from the tumour, and afterwards to be reflected over the body of the uterus, of the peritoneal covering of which it seemed to be a continuation; thus far the diseased mass was, apparently, connected with the uterus. On the upper part of the tumour, or that portion farthest removed from the uterus, as it lay in the abdominal cavity, the omentum was attached to it by several strong adhesions, and, especially, one or two bands of the greater omentum appeared to pass upwards, directly to the portions of that membrane reflected off the stomach, and so formed an intermediate connection between the tumour and this organ, so as to put the stomach under the direct influence of the weight of the tumour, as she walked about or stood in the erect position, and accounting, in a great measure, for the dragging sensation that had so much distressed her. On sawing through the morbid mass, which from its extreme hardness it was necessary to do, it was found to consist almost entirely of bony matter—in some parts of a dense and compact consistence; in others of little masses of bone united by intervening cellular membrane. The outside of the tumour was generally much more dense than the interior, which was somewhat softer, and much more vascular, than the rest. The diseased mass weighed exactly three and a half pounds avoirdupoise. There were other tumours in the substance, of and between the surface and the peritoneal covering of the uterus, in different stages of ossific change, and varying in size from that of a horse bean to that of a hen's egg, which gave the organ, when taken from the

body, an irregular nodulated appearance. These latter were mostly cartilaginous, some of them having nodules of bone in their centre, with the exception of a large one, of about the size of a hen's egg, situated on the left side of the organ, which seemed to be composed of a softer substance, resembling softened tubercle; but even in this there were some slight signs of bony degeneration. None of the tumours encroached upon the cavity of the uterus, so as in any way to diminish its natural capacity.

The uterus itself was filled with dark coloured blood, and seemed to have been subject to recent chronic irritation, from the redness of its lining membrane.

The Fallopian tubes were pervious, and the ovaries, to all appearance, healthy.

The cavity of the thorax was preternaturally small, the diaphragm being placed exceedingly high up in the chest; and the lungs were much diminished in size, in fact, to less than half the usual bulk of the healthy organ, but they were not otherwise diseased; they were, however, of a dark colour, and gorged with blood.

The liver was healthy, and did not show any marked signs of recent or former disease; it was, perhaps, a little smaller than natural. The gall bladder was distended with dark coloured bile. The heart was healthy, but large.

The dura mater adhered closely to the calvarium, from which it was separated with great difficulty. The sinuses were gorged with blood, especially the right lateral, which seemed to be in some degree enlarged through the dilatation of its coats. The vessels of the pia mater were unusually large, and distended with dark coloured blood. The section of the brain presented, in various parts, a large number of bloody points, and the choroid plexus and vessels at the base were universally fuller than usual; besides these appearances there was no indication of disease of the cerebral structure or its membranes. There was a slight but unimportant change in one of the branches of the basilar artery, the vessel having become partially closed from a deposition of earthy matter between its coats.

#### REMARKS.

I have in vain searched through the records of pathological anatomy to find any thing analogous to this singular, and perhaps unique, instance of disease; but I could read of nothing resembling it, and I, in fact, believe that nothing similar to it has ever before been noticed. Thus far, therefore, the case is of a very interesting character.

There have been instances of bony tumours growing in the substance of the uterus, and which have afterwards made their way into its cavity, and, becoming detached, have finally been extracted from the vagina; indeed, there is one case of this kind on record related in Dr. M'Intosh's *Pathology*, where the patient considered herself *ençointe*, and was thought to be so by her medical attendant, when, at the full period of gestation, that which was considered to be the head of the fetus progressing from the womb, with well marked labour pains, proved to be one of these peculiar bony tumours; in this case the extrusion of the tumour was immediately followed by the birth of a child, which lived and did well. But even these cases have been extremely rare. It is not improbable, but on the contrary likely, that the tumour in this case originated in this way, and that, from some peculiarity in its situation or from its weight, it afterwards made its way into the cavity of the abdomen, carrying before it the peritoneal coat of the uterus, which covered it while



there; and that the covering of the tumour, and the band which connected it with the uterus, were thus formed by this prolongation of peritoneum. The omentum attached to the other, or extreme part of the tumour, doubtless was the cause of the harassing dragging sensation which she experienced when standing up; the tumour being thus placed in connection with the stomach, and thus acting by its weight in producing these distressing feelings.

Perhaps the symptom most difficult to account for in our poor patient's case was the constant buzzing or roaring noise which had disturbed her so much. The congested state of the vessels of the brain might in some measure have occasioned it; but as this symptom does not occur in most of the cases of congestion which come under our notice, we must refer it to some other cause. How far the very firm and intimate adhesion of the dura mater to the skull might, by preventing the proper distension of the sinuses, and so retarding the circulation through these channels, produce this sensation, I cannot take upon myself to say, but it might do so. This is, however, merely conjectural. Perhaps it might have been in some measure dependant on the ossific change which had occurred in the vessels at the base of the brain.

The difficulty of swallowing is to be accounted for by the œsophagus having become flattened by the approximation of the sides of the tube, owing to the dragging down of the stomach—an effect which would very naturally ensue.

With regard to the protracted constipation, it was evident, on examination, that the bony tumour had pressed upon some part of the small intestine, constricting some portion of its tube, probably the duodenum; but how it was that the interruption, thus occasioned to the passage of its contents, could continue so long without inducing inflammation, it is difficult to say; certain it is, that there were no signs of inflammation apparent during any period of her illness. The preparation of the diseased parts has been placed in the museum of the Royal Berks Hospital.

P.S.—Since writing the above, I have made further researches, hoping to be able to find a record of something analogous to this remarkable case. In Davis's "Obstetric Medicine," Vol. I., p. 665, there is an account of a preparation, in one of the museums of anatomy, in which, he says, "both surfaces of the uterus may be observed to give origin to pediculated tumours of precisely the same character of tissue, of which one, of magnitude considerably exceeding that of its parent organ, projects pendulous by a pedicle into the abdomen; and another, a smaller one, takes its origin by a narrow pedicle from the internal surface of the womb. With the exception of their relative locality, the tumour in this remarkable case, which projects into the cavity of the abdomen, is as perfectly pediculated, and is in its tissue as perfectly a polypus as the one of smaller volume, which is seen contained within the cavity of the uterus. In both cases the constituent tissue is strictly fibromembranous, which is known to be the actual tissue of the greater number of uterine polypi."

The case I have recorded differs from this (which approaches nearer to it than any other I have seen) in two most important particulars. In the first place,

there was no calcareous or ossific change in the tumour; and, secondly, it was pedunculated, the peduncle being composed of the same tissue as the bulk of the tumour, which was not the case in mine, the connecting band of which could hardly be called a pedicle, being composed of a prolongation of the peritoneum, which had invested the uterus, and having no character in common with the morbid bony mass. The cases cited by Baillie, Churchill, Burns, and others, are merely instances of the fibrous ossific tumour of the uterus, which I mentioned as being occasionally found in this organ.

## OBSERVATIONS

### ON THE NATURE, PATHOLOGY, AND PHENOMENA OF GRANULAR CONJUNCTIVA,

#### WITH REMARKS ON SCIENTIFIC TREATMENT.

By EDWARD OCT. HOCKEN, M.D.,  
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*Definition of Granular Conjunctiva.—Forms of the Complaint.—The Symptoms, Causes, Pathology, and Treatment.*

Granular conjunctiva might, with more propriety, be spoken of as granular inflammation of the conjunctiva, inasmuch as the condition of the membrane is always to be considered but a part and portion of severe and prolonged inflammation of that tunic, and as never existing distinct from that process. If their inseparable existence be but clearly understood, it will lead to a right comprehension of the pathology of the affection, and scientific plans of treatment. The term "granular" is applicable from the clearness with which it conveys to the mind an idea of the appearance of the conjunctiva—a roughened irregular surface from the presence of minute elevations or granules, not implying any relationship to the process of granulation in ulcers, from which it differs in every point of view, but simply referring to those obvious characters which I have already mentioned.

*Definition.*—Hence my definition of granular inflammation of the conjunctiva is the following:—A severe and prolonged inflammation of the palpebral portion of the conjunctiva, of either active or passive type, attended by a gradually augmenting and extending papillary roughness or inequality of surface, being of a bright scarlet colour; the granular elevations small, firm, and highly vascular, in active cases, and attended with great intolerance of light, lachrymation, and pain, in advanced stages. In the passive forms the granulations are large, soft, and dark coloured; there is a secretion of watery mucus, and little pain or irritation is experienced.

I have selected extremes to illustrate my meaning, inasmuch as here, as in all other cases, the contrast must be made in them, the intervening chasm being filled up, in nature, by every intermediate grade. No arbitrary limitations exist in nature, but all is indivisible and connected; there are no abrupt terminations or commencements between this or that law, this or that disease, or the varieties of some one affection; they pass into one another gradually and imperceptibly, and only present a striking contrast in their extremes. We should not be surprised, therefore, at meeting with cases in which distinctive features, either active or passive, do not exist, and



some where the condition is exceedingly mild and slight.

What I understand by active and passive must be explained before I proceed.—It involves no theory whatever of the pathology of inflammation. I mean to assert that inflammation may assume either an active or a passive form in any organ or part, from either constitutional or local causes, or from the specific nature of the exciting agent, being distinguished from each other by constitutional and local symptoms; in the active form there is bright scarlet vascularity, tension, pain, heat, actively disturbed functions, and pulsation; in the passive, dark purple or livid discoloration, distension of vessels without pulsation, considerable swelling and relaxation,—rarely tension,—rarely much heat or pain. The constitutional symptoms, in the first case, are those of synocha, or inflammatory fever; in the second, either depression and derangement of the general health, without fever, or a type of fever below the standard of inflammatory, with every intermediate grade, to complete prostration of strength and typhus. It will be obvious that, in this sense, the terms active and passive denote only the character of the inflammation, and hence have no reference whatever to its duration. I restrict the terms acute and chronic to the duration of the disease, and in like manner, as in the former instance, mean to denote no character it may possess; for however slow an inflammation may be, it may still be active in its character, or however rapid, still it may be a passive affection. If all practitioners understood these differences, and used the terms in the foregoing sense, as they undoubtedly should do, no confusion could result, but rather the reverse. Mr. Lawrence's remarks\* on the varieties of inflammation, at the beginning of his work on the "Diseases of the Eye," prove how much a definite meaning attached to these terms is required, since that justly celebrated surgeon evidently labours under a misapprehension of their true signification, when he says, "We read and hear of active and passive, or atonic, of sthenic and asthenic inflammations. Believing inflammation to be increased activity or exertion of the capillaries, I consider the expressions passive, atonic, and asthenic inflammation, as applied to the state of the inflamed part, to be contradictory in terms." Speaking of the terms acute and chronic, the same gentleman has previously remarked, p. 82, "Severity of symptoms and rapidity of progress characterised the former; the opposite attributes of mildness and slowness belong to the latter:" whilst it will be obvious to every one, who has faithfully observed nature, that mere duration has nothing to do with the character of the complaint.†

The forms under which we observe granular inflammation of the conjunctiva, correspond with these obvious differences in the types of inflammation generally; but, inasmuch as the changes constituting the true form of the disease requires time for its formation, so in like manner is its progress slow, and its removal a work of time, however judiciously treatment may be timed and adapted. Bearing these facts in mind, it will be obvious that the terms acute and chronic bear but a relative meaning in the present case; the disease is always chronic, but the progress

and effects of some cases are much more rapid than others, and hence bear to each other the relative relation of acute and chronic. The grand distinction is between active and passive forms, which differ most materially, both in their local and constitutional symptoms, and the treatment which relieves and cures them. The more active cases generally coincide with the more acute, whilst the passive are generally the most chronic. I shall consider them, in this relation, in my following remarks.

*Symptoms.*—In the active forms of the affection, after some severe inflammation of the palpebral conjunctiva has continued for some time, and, in general, the severity of the symptoms having been subdued by treatment, an obstinate and intractable chronic form of the same disease remaining, whether the primary affection of the conjunctiva has been induced by the repeated and unscientific introduction of highly irritating or caustic substances between the lids, or Egyptian, or some other form of purulent ophthalmia, a severe sense of roughness and rubbing on the ball of the eye is complained of on any of its motions, the eye waters, its vessels fill, and a severe sense of distress and pain is experienced, rendering the eyes almost useless—this is what the patient calls weakness of the eyes. If, in this stage, we invert the lids, we find the changes of granulation to have commenced in that portion of the conjunctiva which is reflected from the globe to the lids, at the angle of its reflection, commencing in the upper lid, and always progressing more rapidly, and with more severity there than in the similar situation of the lower one. The granulations are small, more or less conical, firm, very vascular, and of a bright scarlet colour; the conjunctiva oculi, opposed to these, vascular and scarlet; the lids swollen and vascular; there is intolerance of light and lachrymation.

As the disease proceeds the symptoms increase in severity, and constitutional ones become superadded. The irregular prominences of the conjunctiva extend on the lids, advancing upon the palpebral surface towards the edges of the lids, but never in the contrary direction, the whole surface becoming eventually crowded with small, firm prominences, more or less conical, many of them, however, very rough and irregular, and some larger than others. These are, of course (in the natural condition of the lid, presenting a concave surface towards the globe), much crowded, and in close apposition, but on inverting the lid they are separated from one another, and their shapes more clearly discernible. Whilst the disease has proceeded, so as to cover the inner surface of the upper eyelid completely, it generally happens that the lower one is not more than half covered, and by no means so thickly so as the upper—a fact which holds good in every form of the complaint. But the progress and completion of these changes in the conjunctiva are not only attended with the mere local symptoms of inflammation and change of structure, but, in addition, those which result from the substitution, for a beautifully smooth and soft membrane, gliding over the front of the cornea and conjunctiva oculi, of a rough, inflamed, and thickened membrane. We may thus understand how changes in appearance and function of the conjunctiva oculi and the transparent continuity of tissue over the cornea are invariable consequences and attendants of this disease, giving rise to many of the most formidable and painful symptoms, those chiefly noticed by the patient, and almost characteristic. The perpetual irritation (morbid disturbance) of these parts, leads to great distension of their vessels, and chronic inflammation of their structure; it becomes thickened, highly sensitive, and very vascular; the anterior corneal layer becomes slightly opaque, a few large scarlet trunks, with several smaller diverging branches, ramify in its structure; these increase in number, in proportion to the activity of the affection, with a proportionate increase in the thicken-

\* Treatise on the Diseases of the Eye, second edition, p. 83.

† Instead of contending about the presence or absence of increased action, or of weakness in the capillaries, it would be much more to the purpose if we considered the actual combination of morbid phenomena, which constitutes inflammatory orgasm. Lesions of innervation and circulation are always combined, and the consequences are, lesions of nutrition, whether the primary aberration from the natural condition of nervous state arise from injurious matters circulating with the blood, or other disturbances of the same, or originate in causes acting on the nervous system, and secondarily affecting the blood-vessels and blood.

The characters of an inflammation, when of sufficient extent, determine the phenomena of the constitutional disturbance; still very acute, if not active inflammations, may progress during great prostration, or a typhoid condition of the system.



ing and opacity of the tissue, till at length, in an advanced stage, it resembles a scarlet cloth, immediately investing the cornea, and hence termed pannus.

During the progress of these affections the following symptoms are present: great intolerance of light, so that the patient is quite unable to open the eye in a brilliantly lighted apartment, and spasmodic closure of the lid by the orbicularis palpebrarum, powerfully impeding an examination of the organ; profuse lachrymation from any stimulus, and under the same circumstances as previously mentioned; a gummy mucous secretion, which glues the lids together during the night, and which may be seen covering the granulations themselves.

The patient complains of very severe burning pain in the eyes, with the sensation of sand and roughness, weight over the brows, and frequently general headache, and, from the opacity, intolerance of light, and blephorospasmus, almost complete loss of the use of the organs. A chronic febrile condition of the constitution accompanies the more active cases, denoted by a hard pulse, impaired digestion, dry skin, and nocturnal chills, followed by heat and thirst. I have seen heat of skin and thirst habitually present.

*Passive Type.*—In the passive forms of the complaint the symptoms are much less severe, and more slow in their effects. It commences and progresses in the same way as I have already explained, but the irregularities of surface are much larger, much softer, smooth, but irregular in shape, of a dark, or sometimes very pale livid colour, and bathed in a profuse watery mucous secretion. The effects of such mechanical irritants on the surface of the globe is much less severe than in the former instance; the conjunctiva eventually becomes thickened and loaded with dark-coloured vessels, and the front of the cornea irregular, and semi-opaque; but there is comparatively little pain, no lachrymation, little if any intolerance of light or spasmodic closure of the lids. In many of these cases the whole structure of the lids is œdematous, of a dark colour, and loaded with vessels.

In all these patients the general health is greatly deranged; there may be fever of a hectic form present, or a simply deranged and depressed constitution. We find the tongue loaded, the breath offensive, the digestion disturbed, the bowels irregular, the skin dry and harsh, perspirations partial and offensive, the urine unnatural, with other similar phenomena. In some cases the signs of anæmia are present, such as pallor of the countenance, lips, lining of the mouth, and the general surface, jerking pulse, &c. &c., with many of the other indications of impaired health I have mentioned.

I have never seen ulceration of the cornea, sloughing, or the formation of staphyloma, produced in any form of the complaint, but an alteration in the membrane and tarsal cartilage may remain after the cure of the other symptoms, occasioning entropium, which may require subsequent operative treatment. The duration is very uncertain, but in general it is a disease of years or months rather than weeks.

*Causes.*—One of my main objects in communicating this paper at this time is to dwell somewhat on an occasional cause of this most afflicting malady, and to warn others from the too indiscriminate employment of highly irritating or caustic applications to the conjunctiva. The most fruitful source undoubtedly is some variety or other of purulent ophthalmia, but any cause capable of producing and maintaining for some time a highly inflamed condition of this membrane may originate the disease. I have watched five or six cases, within the last two or three years, which have originated solely in the unscientific, indiscriminate, injudicious, and repeated use of the nitrate of silver, either as a saturated solution, or in substance. They have commenced with some trifling conjunctival affection—a little pain or roughness, which the

patients disregarded until they accidentally passed some eye infirmity, or called on some medical attendant of the family in which they were servants; but in all the cases I have alluded to they each and all of them positively denied having suffered from anything more than slight pricking, redness, and feeling of sand in the eye until they had become the victims of practice—which they themselves termed “hot drops,” and which, when placed between the lids, caused them most dreadful suffering, generally lasting for some hours after each application. A few condensed notes of two or three of these cases may prove that I am not in the slightest degree exaggerating their truth.

*Active Acute Granular Inflammation of the Conjunctiva, occasioned by the indiscriminate Employment of the Nitrate of Silver.*—Mary Gibson, aged 45, a full, powerful, healthy-looking woman, was admitted, under the care of Mr. Lawrence, in St. Bartholomew's Hospital, in the month of January, 1841. She stated that she had always been of healthy and active habits, and had rarely suffered from any previous indisposition, being quite well until the December of 1839. In the early part of this month she found her eyes rather weak, and complained of something under the lids, but altogether it was so very trifling that she took little notice about it. In the course of the month, finding that the eyes remained “weak,” she applied at an eye infirmity, and had something put into her eyes which occasioned the most violent burning pain, lasting for two or three hours, and attended with profuse lachrymation, and spasmodic closure of the lids. Her eyes now became so bad that she was obliged to attend frequently, and at each attendance the burning drops were again introduced, invariably being followed by the paroxysm of agony, lasting for two, or even three, hours. About the end of the month, her eyes were so intolerant of light, watered so profusely, and pained her so much, that she was, to all intents and purposes, blind, and has continued nearly in the same condition ever since, being sometimes better and sometimes worse. Finding that she was invariably worse after every attendance at the eye infirmity, she discontinued to attend, but not before she found that every motion of the eye-ball under the lid produced so severe a sense of sand under the lid that it was almost unbearable. In this truly pitiable condition she applied to a dispensary, where she remained as a patient for some time; but after undergoing various treatment, and finding she received no benefit, she eventually forsook this also. She then became a patient of a private practitioner, but having exhausted all her means, she gladly embraced the opportunity of becoming an in-patient at St. Bartholomew's Hospital, under Mr. Lawrence, in January, 1841, being in no better condition than she was a year previously.

On her admission, we found the lids greatly swollen and vascular; the conjunctiva oculi and front of the cornea thickened, opaque, and of a bright scarlet colour; the conjunctiva of both lids crowded with small, firm, highly vascular inequalities; the lids were firmly and spasmodically closed, and very profuse lachrymation was excited on every attempt to examine the organs. She complained of very severe burning pain in the organs, and sense of roughness, weight, and oppression over the brows, and frequent headache. She had nocturnal fever, dry skin, loaded tongue, disturbed digestion, and general feeling of illness. Mr. Lawrence freely scarified the vascular lids, which bled profusely; leeches were liberally applied around the organs, and an antiphlogistic regimen was adopted. These measures were had frequent recourse to, during the nine or ten months she remained in the hospital, and almost invariably with temporary relief; but during that period she several times got much better for a few weeks or days, and then as suddenly became again worse. Several local applications were used during this period: the liquor



plumbi seemed to give relief, and shortly afterwards was manifestly injurious; dilute vinum opii was alternated with solutions of alum, and seemed beneficial when first employed, but no one remedy could be depended on for any length of time. At one period the condition of the lids, and other symptoms, improved so much that there was every prospect of her recovery; but she again relapsed, and it was not without much difficulty that the affection again took a favourable turn. Continuing to improve in the autumn of 1841, she was discharged, during a favourable period, much benefitted; how long it was to continue, as a permanency, was doubtful. I will now allude to a case of the passive form, originating from the same cause.

*Passive Granular Inflammation of the Conjunctiva, connected with Feeble General Powers and Anæmia, brought on by the application of the Nitrate of Silver.*—Charles Pendrill, aged 50, a pale, cachectic-looking man, was admitted into St. Bartholomew's, under the care of Mr. Lawrence, in October, 1840. The account he gave of himself was, that he was a gentleman's servant, in the capacity of porter, was in very good health, but that having to open the gates one cold, wet night, he caught a slight "cold" in his eye. By his master's orders he applied at an eye infirmary, in which that gentleman was a governor, and where, to use the patient's words, "hot drops were put into his eyes, until he lost his sight." He stated that the invariable effect of these "hot drops" were to occasion him severe burning pain in the organ, lasting for two or three hours. In a comparatively short period his eyes became so bad that he was quite unfitted for any employment; and as they continued to get worse and worse every time he attended, he called at the private residence of the surgeon, who looked at his eyes, said they very bad, and that he would "touch them up for him;" accordingly, they were well "touched up" with the nitrate of silver in substance, which greatly increased all his former symptoms. The left organ was first affected, speedily followed by the right. Besides the local application of a saturated solution of the nitrate of silver to the organs, tartar emetic was administered internally.

On his admission he enjoyed no useful degree of vision; his lids were crowded with soft, flabby granulations, which secreted a watery mucus; his conjunctivæ oculi thickened, and traversed by dark-coloured vessels; the fronts of the corneæ looked uneven, were dull and opaque, and somewhat vascular; his look was pale and cachectic, and his secretions and excretions were greatly deranged. His lids were scarified, and astringents were judiciously alternated in solution to the conjunctiva. He was greatly benefitted by hospital regimen, and these curative proceedings, in some months time, but subject to relapses from very slight causes. Once or twice he was re-admitted, and again discharged, the last time in the summer of 1841, when, although his eyes were better, he presented more definite symptoms of anæmia—viz., general pallor, lips and lining of mouth blanched, pulse feeble and jerking. Mr. Lawrence, by my advice, gave iron internally, with the most beneficial effects. He rapidly improved in all respects, and was shortly afterwards discharged cured.

*Pathology.*—I shall dwell but little on the intimate nature of the disease: it is essentially inflammatory, has an inflammatory origin, and is cured by the same means which relieve that morbid process and its consequences. Of course it has not the remotest connection with the granulations of ulcers, for such never spring from a sound surface, nor does it ever depend on enlargement of the Meibomian follicles, since, as I have already mentioned, it always commences in and spreads from the reflection of the conjunctiva to the lids, where these follicles are absent. There appears to me to be more truth in the statement of its dependence on enlargement of the conjunctival papillæ,

partly from the engorgement of vessels, and partly from the deposition of lymph interstitially, and hence, from such a belief, my views of treatment will not appear inconsistent.

*Treatment.*—There are many men who take a very partial and local view of disease, and are very fond of an exclusively local treatment; I cannot connect myself with these, although a judicious employment of local remedies, when combined with their constitutional use, is, in my opinion, far preferable to either separately. In the active forms of this complaint a suitably active treatment should be pursued, in accordance with the general powers and peculiarities; cupping from the back of the neck, and the application of leeches around the organs, should be employed with the activity and frequency which the case may suggest. Again, the blood-letting may be performed locally by dividing the vessels concerned, most freely scarifying the conjunctiva of the lids in all directions, and shaving off the granulations level with the surface; the lid should be fully inverted, whilst this is performed, with a lancet. And here let me state, that the mere shaving off of the inequalities by no means insures a cure; for as long as the inflammation, on which the disease depends, remains unsubdued, the granulations are re-produced. If the operation be performed skillfully, it leaves no inequality of surface, by occasioning depressions after the disease is cured.

The treatment which I should recommend, in conjunction with these measures, has never been proposed or used by any one else, as far as I am aware; and yet it appears to me to recommend itself as obviously in this as in any other inflammation connected with the deposition and organisation of lymph. I allude to the moderate and continued constitutional action of mercury, quietly introduced into the system until it slightly affects the gums, &c., and then continued in sufficient quantity to maintain its influence.

In passive types, scarification of the diseased membranes is generally useful, but its employment must be determined by its effects.

Astringent applications to the conjunctiva are valuable remedial measures, but they require adaptation to render them useful. A very dilute solution of the plumb. acet., two grains to the ounce of aqua rosæ, is best suited to the acute cases, and the undiluted liq. plumb. acet. to the more passive, managing the intermediate forms according to their characters. We find that these remedies, although at first beneficial, frequently lose their effect from long use, and hence require to be alternated, with some degree of tact, with other astringents, as alum, vinum opii, cup. sulph., &c. In some of the very mild cases, nothing more is required than to invert the lids, and to rub the surface of the granulations with the sulph. cupri, keeping the lid inverted for some minutes after its use, and repeating the application at intervals.

In all the forms of this complaint we must bear in mind that the condition of the constitution must be attended to, and its derangements treated appropriately, according to whether it be above or below par, deranged or depressed, or its condition disturbed by any morbid poison, paying especial attention to the secretions and excretions, and adopting such measures as shall restore the patient most quickly and safely to the wished-for precincts of health.

15, Southampton-street, Covent-garden.

#### POST MORTEM EXAMINATIONS IN PARIS.

We are happy to state, that the minister has rescinded the regulation of the Council of Hospitals at Paris, by which the medical officers were forbidden to open any bodies of persons dying in hospital, without a written permission from the surviving relatives.



OBSERVATIONS  
ON THE  
CLIMATE, TOPOGRAPHY, AND DISEASES  
OF THE  
BRITISH COLONIES IN WESTERN AFRICA.

By E. J. BURTON, M.D.,

*Assistant-Surgeon to the 25th Regt., late Assistant  
Surgeon to the Royal African Corps.*

No. VIII.

FEVERS OF WESTERN AFRICA.

(Treatment Concluded.)

**Counterirritants.**—This class of remedies is of considerable importance in overcoming the local affections peculiar to remittent fever, and after local abstraction of blood from the part or parts affected, their use is clearly indicated. The counterirritants appropriate in the treatment of this disease, may be divided into—first, those immediate in their action; secondly, those acting in a very short space of time; and thirdly, those of slow operation. The first includes the caustic liquor ammoniac, hot water, &c.; the second, sinapisms of mustard, pepper, &c., and the third, the different blistering ointments and preparations. When the head becomes affected in this fever by permanent headache, delirium, &c.; a blister should be applied, after proper depletion, to the nape of the neck, and kept open until the symptoms are removed, or considerably abated. Few cases of delirium are likely to resist shaving the head, cold lotions, leeching, and blistering, provided these means are employed before the symptoms have gone too far. The most distressing local affection in this disease is the excessive irritability of the stomach; if this symptom appear to result from inflammation of the mucous membrane of the stomach, a large blister should be placed over that organ, due depletion by leeches being premised; if, however, the gastric irritability is evidently not symptomatic of inflammation, which will be found to obtain in the great majority of cases, a mustard sinapism\* is the most appropriate remedy. I have often seen excessive irritability of this organ immediately arrested by a few effervescent draughts, in which the alkaline salt predominated, with a pill containing from 10 to 20 grains of calomel, and a large mustard cataplasm over the stomach. The third circumstance rendering counterirritants necessary in this disease, is when collapse supervenes, which is not unfrequently the case, especially if the fever has not been properly treated. This symptom sometimes takes place so suddenly, and is so extremely dangerous, that it becomes necessary to use those counterirritants which are immediate in their action. A large piece of linen dipped in the caustic liquor ammoniac should be applied over the chest, to the inside of the thighs, and calves of the legs, and the feet may be placed in hot water with evident advantage. If the symptoms of collapse are not severe, the application of warmth by means of hot bottles of water, hot bricks, &c., may be sufficient; but in general, the more active measures just recommended are required.

**Stimulants.**—There are two periods during this fever at which stimulants become necessary; the first is, when collapse takes place; on the first appearance of this alarming symptom, the diffusible stimuli should be exhibited until reaction shows itself; the most appropriate are aether, aromatic spirits of ammonia, &c., and they should be given in champagne or brandy and water. The other case

requiring stimuli is, when the period of debility sets in after the fever is completely subdued; the best, and at the same time most agreeable stimulant during the progress of convalescence, is good Madeira or sherry wine; it should be diluted with water, or given in arrow root; care and caution, with regard to both the quantity and quality of the wine are necessary, as the slightest excess may produce considerable harm. One of the greatest benefits resulting from salivation is, that appropriate stimulants, nutritious food, and proper tonics, may be administered during convalescence, without that danger of producing relapse which always exists when pyralism has not been induced; it must, therefore, be borne in mind, that wine is to be allowed in the most cautious manner when the patient's constitution is not under mercurial influence.

**Sedatives.**—I should not have mentioned this class of remedies, were it not for the purpose of condemning the custom, too prevalent on the coast, of combining opium with the mercurial preparations for the purpose of hastening salivation; there is already present too much headache, vertigo, stupor, &c., without increasing them by the exhibition of narcotic medicines. It is certainly desirable in some cases to control the purging caused by the calomel; but opium is productive of such mischief, that it must be considered as totally inadmissible for this purpose. The combination of calomel and blue pill, recommended under the head of "mercury," seldom acts too powerfully on the bowels, but should this prove to be the case, it is far preferable to diminish the quantity of calomel for a short time than to combine it with a medicine so excessively injurious in its effects as opium. The narcotic medicines are sometimes prescribed in this fever for the purpose of inducing sleep; such a practice is, however, exceedingly injurious, and seldom succeeds in producing the desired effect. The warm bath at bedtime, followed by ten grains of calomel, and the same quantity of James's powder, provided there is no tendency to gastric irritability, will in some cases procure a good night's rest; but under no circumstances are narcotics to be used for this purpose, however restless the patient may be, or however desirable it may appear to induce sleep.

**Tonics.**—After the fever is completely subdued, it becomes necessary to restore the constitution by a course of tonic medicines. As a general rule, these remedies are not to be commenced until the fever has been completely subdued. The bisulphate of quinine is decidedly the best tonic for the purpose of restoring the strength, and, at the same time, fulfilling the other indications required in these cases; and it should be continued for some time after the patient is convalescent, in order to prevent an attack of intermittent fever, which is likely to follow this disease, before the tone and vigour of the constitution are fully restored, unless the patient is guarded by the use of the quinine.

The most effectual method of prescribing this medicine is in the form of solution, the strength of which may be gradually increased as the stomach becomes habituated to its use. Some patients cannot take the quinine in solution; it may, under these circumstances, be given in the form of pills; but this is decidedly a less preferable manner of administering the remedy. In those cases where the patient has not been salivated, the quinine should, in the first instance, be exhibited in combination with calomel and blue pill. In a few cases attended with excessive debility, I administered, with the most decided advantage, small doses of quinine, with blue pill and calomel, before the final cessation of the fever, but after the febrile symptoms had considerably subsided, and where the disease had been of unusual duration; this practice, however, requires the greatest caution, and is only likely to succeed when there is excessive debility present, when the fever is nearly subdued,

\* The sinapism should be made by mixing vinegar and mustard to a proper consistence, and then sprinkling the surface with Cayenne pepper.



and there are no local symptoms remaining. Some patients cannot take quinine in any shape or form, even in pills; in these cases, all the tonic medicines may be tried in turn, until one is found to agree with the stomach. During convalescence, the patient is sometimes much annoyed by night sweats, arising from the debility present in all cases of this disease; this symptom is easily controlled by the aromatic sulphuric acid, combined with the other tonics.

*Drinks and Food.*—It is necessary to pay considerable attention to the drinks used during the attack of fever, and no less care is required with regard to the food, which should be allowed during the period of convalescence. The former if of an improper kind, tend to aggravate the symptoms present, and counteract in no slight degree the most appropriate treatment, and the most trivial mistake in the exhibition of the latter, either as to quantity, quality, or time of administration, may produce irremediable consequences.

The acidulated drinks, so highly lauded in febrile diseases by Cullen, are as inappropriate as his theory of fever is absurd. In many cases they not only increase the symptoms of gastric irritability, but produce others equally distressing, as cholice, &c. &c. It is of great consequence to choose, in a disease attended with almost incessant thirst and irritability of stomach, some beverage palatable to the patient, capable of assuaging thirst, and having a tendency to allay gastric irritation and the other febrile symptoms present, and it will be found that effervescent draughts and cold water fulfil in no slight degree all the above indications. The patient seldom becomes tired of these drinks, but should he request a change, weak tea, whey, and thin barley-water may be given with safety. The thin barley-water is an excellent drink, and should always be prescribed towards the latter end of the disease, as, besides its slightly nutritious quality, it is a soothing application to the mucous membrane of the alimentary canal. During the period of convalescence, good old Madeira, or sherry wine and water, in moderate quantity, will be found the most appropriate and restorative beverage.

With regard to food, it is scarcely necessary to say, that during the existence of fever it must be withheld from the patient; yet, as incredible as the fact may appear, I have seen it given for the purpose of supporting the patient's strength. Some practitioners permit broth, arrow-root, sago, and the like, to be taken before the final cessation of the fever. Such a practice, in my opinion, is injurious; and it appears certain that no solid food of any description can be permitted until a decided crisis has taken place, and even then much caution is required, in order to do away with any chance of a relapse. The safest diet to commence with is arrow-root, sago, or tapioca, to which a little wine may be added, for the purpose of rendering it more palatable and strengthening. After a short time weak mutton or chicken broth may be given; and should the patient convalesce favourably, custard or rice pudding, made in the simplest manner, or any plainly dressed animal food, in small quantities, can be allowed; and finally, the patient may by degrees resume his usual mode of living.

In concluding this short description of the history and treatment of the bilious remittent fever of Western Africa, it may be observed, that much more might be written on the subject of a disease which renders this portion of the globe uninhabitable to Europeans; but these papers being merely intended as sketches of the different topics of interest connected with the coast, it would be out of character to give them at greater length.

I have, in a former paper, stated it as my opinion that the climate of Western Africa is so destructive to European health, that all attempts to colonise the country must ultimately be abandoned, and the melancholy termination of the "Niger Expedition" (the news of which has just arrived in this country) must

be regarded as fully confirming my views of the subject. It appears that the medical men attached to the expedition have named the disease encountered by them the "river fever," implying that it is different from the fevers usually met with at other places on the coast; but let an expedition, under the same circumstances, proceed up any of the rivers of Western Africa, at the same season of the year, and an equally fatal termination will prove that the causes which produced the Niger fever are to be found on all parts of this fatal coast, and are capable of giving rise to the like effects. The fate of this expedition fully confirms the correctness of my previous statements, that this country is not only unfit for the permanent residence of Europeans, but that its pestilential shores cannot even be approached, for a temporary purpose, without the most imminent danger and melancholy consequences. The number of fever cases which occurred amongst the officers and crews attached to the vessels employed in the expedition cannot be considered at all extraordinary; indeed, the only inexplicable circumstance is, that so many white persons appear to have escaped the fever. I find, by my notes, that on the 1st of July, 1839, there were nineteen unseasoned Europeans\* residing at St. Mary's, Gambia, and on the 10th of October, in the same year, all these persons had passed through fever, some of them having more attacks than one. Now, this perfectly agrees with the climatorial effects which have been observed by me at every other place, and during other rainy seasons on the coast; and it was from these observations that I ventured to assert, that every European must have fever during the first rainy season subsequent to his arrival in the country. These facts furthermore prove that the occurrences and casualties attending the "Niger Expedition" cannot be considered in any way novel or extraordinary, but the natural consequences of breathing the unwholesome and mephitic air of this ill-fated country.

I shall now proceed to describe the "simple bilious fever" of Western Africa. The name here given to this fever is, no doubt, open to objection, but after due consideration it appears to answer every purpose required, as it serves to distinguish it from the other fevers peculiar to the climate, and at the same time conveys a good idea of the nature of the disease itself. The simple bilious fever attacks the seasoned European and the natives of the country, appearing, however, amongst the latter much less frequently, and in a less severe form. Every European residing on the coast is subject to one or more attacks of this fever during the course of the year, after having previously gone through the bilious remittent or seasoning fever of the climate; indeed, the chief distinguishing mark of this fever is, that it never attacks the unseasoned European. If a European, after having been seasoned to the climate, leaves the coast and resides for a certain period in a northern country, and again returns to Western Africa, he will have this fever in a much more severe form than if he had never left the country; and it appears to me that a long continued residence in a northern climate would so change the seasoned constitution, as to render the person again susceptible of an attack of the "bilious remittent" or "seasoning fevers" of Africa; the exact time required to effect this change is extremely difficult to ascertain, and it is highly probable that particular idiosyncrasy has considerable influence in the case. It is now a generally received doctrine on the Coast of Africa, that a European permanently residing in the country cannot have a second attack of the "bilious remittent fever;" this opinion appears perfectly correct, and has given origin to the distinction of seasoned and unseasoned persons.

I was at first inclined to look upon this disease, not

\* All these persons had arrived in the country subsequent to the rainy season of 1838.



as a simple complaint, but as bilious remittent fever in a very mitigated form; further experience, however, and subsequent observation, led me to conclude that it would be nearer the truth, and at the same time of greater practical advantage, to consider and describe it as a separate disease. The "simple bilious fever," if uncomplicated with organic disease, is, happily, not a dangerous complaint; and will in all cases speedily yield to an active and judicious treatment. In the majority of cases which came under my care, a crisis took place on the third day; in a few patients the febrile period was prolonged to the fifth. If, however, the patient is neglected in the first instance, or an improper practice is pursued, the symptoms will become aggravated, and the case may terminate fatally; but should death be the result, it must be attributed to negligence or injudicious treatment, and not to the severity or dangerous nature of the fever.

*Symptoms of the Simple Bilious Fever.*—This disease is ushered in by headache, vomiting of bile, and more or less heat of skin; it generally attacks suddenly, and the first symptom which usually shows itself is the rejection of a large quantity of bilious matter from the stomach, accompanied by considerable retching and nausea. In the majority of cases there is a dull pain, or dizzy feeling of the head; some patients are affected with headache, and in some cases this symptom is very severe, but delirium is seldom if ever witnessed in this fever; the eye does not assume that dull sunken appearance peculiar to remittent fever, but the tunica albuginea generally becomes of a yellow colour. There is sometimes considerable gastric irritability present, and this symptom usually becomes mitigated after a quantity of bile is thrown up. The tongue is at first slightly coated, but generally becomes loaded with brown fur as the disease advances; the skin is usually hot and dry, but there is a greater tendency to perspiration in this disease than is observed in remittent fever; there is much thirst in all cases; the pulse is quick and full; the bowels are generally costive, and the urine high coloured. Part or the whole of the above symptoms are present in every case of this disease, in a more or less aggravated form, according to circumstances, and the severity of the attack appears regulated more by the peculiar constitution of the patient than by the causes giving rise to the fever. Persons who indulge much in eating and drinking, and expose themselves much to atmospheric vicissitudes, are subject to more frequent and more severe attacks of the disease; but, unfortunately, the most prudent habits are not sufficient to exempt persons from the febrile diseases of this climate.

*Causes.*—The causes may be divided into the predisposing and exciting; the chief predisposing cause is the great quantity of bile which is continually accumulating in the system, indeed the quantity of this fluid secreted by the European on this coast is extraordinary; to this may be added constipation of the bowels, errors in diet, &c. &c. The usual exciting cause is fatigue and exposure to the sun, or to the damp night dews; marsh effluvia are no doubt capable of exciting the disease; but it appears to me that this poison loses much of its power over the constitution after the person has passed through an attack of bilious remittent fever.

*Diagnosis.*—The only diseases with which this fever can be confounded are bilious remittent fever, or intermittent fever of the quotidian type; it is only necessary to ascertain whether the patient has had an attack of the remittent fever to distinguish it from that disease, as the patient cannot be affected with simple bilious fever until he has passed through the former; from the quotidian intermittent it is known by the non-appearance of the sweating stage, at the usual period, in quotidian ague.

*Prognosis.*—This fever, if unaccompanied by any

other affection, will never prove fatal, unless the treatment is most injudicious; indeed, this disease appears to be merely an effort of the constitution to rid itself of the accumulated bile, and it is only necessary to give nature a helping hand, in order to insure the safety of the patient. I have, however, seen the disease assume (through improper treatment) the continued form, accompanied by great gastric irritability and other dangerous symptoms, and require the most active measures to insure a favourable result.

*Treatment.*—On the appearance of this disease it may be assumed as a general principle, that there is an undue accumulation, or activity of the biliary secretion; and the efforts of the physician must be directed to the correction of this morbid condition of the system. If the disease commences by vomiting of bile, the action of the stomach should be encouraged and assisted by drinking freely of tepid water, until a sufficient effect is produced; the bowels are then to be freely evacuated by some purgative, in which calomel or blue pill must appear as a prominent ingredient; the bowels having been well emptied, the blue pill and calomel should be continued in small doses until the gums are slightly affected, at the same time the bowels are to be kept in a relaxed state by Seidlitz powders, and the effervescing draughts recommended when considering the treatment of bilious remittent fever. The heat of skin, which is in most cases not a little severe and annoying, is to be moderated by the vinegar and water lotion described in my former paper, under the head of refrigerants.

The affection of the head may in some patients prove sufficiently severe to require the hair to be shaved, the application of the refrigerant lotion to the head, and a blister to the nape of the neck. The symptom most likely to prove distressing and difficult of management in this fever is irritability of the stomach, especially if the case has been injudiciously treated in the beginning, and it appears to me to depend in this disease more or less upon the morbid condition of the liver; this symptom, however, will always yield to energetic and judiciously directed measures—as effervescing draughts, a large dose of calomel, and a large mustard and pepper synapism, over the region of the liver and stomach; but in some cases it may become necessary to apply leeches over these viscera, to be followed by a blister. It is not necessary, in the great majority of cases, to salivate the patient in this fever; it must, therefore, be borne in mind, that if the patient had been previously salivated for remittent fever, or any other disease, a very small quantity of mercury will suffice to induce ptyalism. The mercurial preparations are consequently to be exhibited with care and caution, and as soon as the gums show the system to be affected, the doses of this medicine must be greatly diminished, or altogether suspended, according to circumstances. In some cases, however, which came under my care, it was found absolutely necessary to salivate the patient; and for this purpose the mercurial preparations were used with as much activity as in a case of remittent fever. The regulations and directions laid down with regard to "drinks and food," when treating of remittent fever, are equally applicable to this disease, so that it becomes unnecessary to say anything further upon this head. Under favourable circumstances, and with the assistance of the treatment recommended, duly adapted to the peculiarities of individual cases, a crisis may be expected on the third, or at farthest the fifth day, when the period of convalescence may be considered as having set in, and nothing further is required than a proper course of tonics, and due attention to the dietetical directions before given in this paper, to complete the recovery and restoration of the patient. The European resident in Western Africa having recovered from the "bilious remittent" and "simple bilious" fevers peculiar to the climate, may be considered as having passed through the most dangerous



and disagreeable part of the process of "seasoning." The other diseases required to complete this more tedious than agreeable process shall be considered in my next communication.

## PROVINCIAL

# MEDICAL & SURGICAL JOURNAL

SATURDAY, FEBRUARY 12, 1842.

The introduction of new plans, of whatever description or character, in the midst of the complicated relations of a highly civilised condition, must always be attended with difficulty. It is also by no means easy either to devise such regulations as may be most fitting the time and the occasion, or to estimate the practical tendency of such measures as to outward seeming are feasible, and suited to the circumstances under which change is called for. That great abuses exist in the whole system of our medical polity, and vitiate, to the heart's core, most of the institutions connected with it, is generally if not universally acknowledged. These abuses have been pointed out again and again; they have been brought before the public in every possible shape; they have been admitted and commented upon by persons high in estimation; remedies have been proposed, new institutions projected, legislative enactments drawn up; and yet withal a degree of ignorance as to what is actually required, and a supineness in employing the means necessary to obtain a redress of the grievances complained of, prevails to an extent scarcely credible by persons not accustomed to look beyond the narrow sphere of their own imaginings.

The efforts of those who are desirous of bringing about a better state of affairs are, for the most part, sadly wanting in unity. Many of the objects sought to be attained are purely speculative, and the benefit to be derived from them, under any circumstances, very questionable. It is no Utopian scheme, fitted only for a state of perfectibility, and in which, could it be introduced, it would be alike unnecessary and profitless, that is required to meet present circumstances. Measures of less pretension, adapted to the concerns of fallible mortals, and capable of being worked by those who are of like character, guarded therefore with checks upon arbitrary power on the one hand, and against a restless love of change on the other, are what are now wanted. Whether such measures, each forming a part of one harmonious whole, can be so blended together as at once to grow into a system of fair proportions, we pretend not to decide; but we much fear that if we wait for the time in which this complicated structure is to be, like Aladdin's palace, raised at once into existence, many valuable opportunities of improving parts of the system, and of remedying some of the more pressing evils, will be allowed to escape.

For our own part, we have no great faith either in the panacea of a bill, the remedy for all the corporate

ills which medical flesh is heir to, or in the incorruptibility and absolute wisdom of any incorporation to which such bill might give existence. We have a wholesome distrust, derived both from bygone and present experience, of corporate wisdom, and a distaste for corporate interference. We believe the workings of corporate wisdom oftentimes to exercise, through the medium of corporate power, a very distasteful interference with individual pecuniary rights, in the shape of fines and penalties, annual or quarterly payments, and other levies necessary, or thought necessary, for the support of corporate privileges and dignity. We are inclined also to mistrust, in these days of legal ingenuity, the varied constructions which the multifarious clauses and provisions of a bill, necessary to regulate the complicated concerns of the medical profession, may admit of. Unless, therefore, we could see the government of the country heartily giving their attention to the subject, endeavouring to comprehend it in all its bearings, and adopting such a measure as should be intended and calculated for the general benefit of the public, and framed with due consideration for the equitable rights, not of this or that class, but of the whole medical profession, we should prefer contending for the practical points, those points which will insure to the medical practitioner personal protection in the exercise of his calling, and adequate remuneration for his time, labour, and skill.

In the settlement of these more immediately important points, much rests with the medical practitioner himself. For instance, a contest has recently taken place between the governors and supporters of a charitable institution, and the professional gentlemen resident in the locality. The subscribers to the institution—we allude to the Cumberland Infirmary—were naturally desirous to secure what they considered to be the best medical and surgical advice for the patients, or, at least, they professed to be so, and we are willing to allow that those professions were sincere. Accordingly, they chose—depending upon their own judgment—themselves to select the medical officers. The medical practitioners, however, conceive that a system different to that commonly followed in other places should be adopted—that the usual mode of election by canvass and favouritism should be laid aside, and that those residents of the place who are duly qualified should undertake, in rotation, the duties of attendance at the hospital. Issue is here joined, and, speaking abstractedly, neither party can be blamed. The governors, supposing them to be uninfluenced by favouritism or personal considerations, are undoubtedly right in wishing to appoint to the offices of physician and surgeon to the inmates of the charitable institution those persons in whom they have personally confidence, and to whom they would themselves have recourse for advice. On the other hand, the services to be rendered were to be altogether gratuitous; and it is surely at the option of those who are looked to to render such service, to accept or decline the appointment, as it seems most fitting to themselves, or, in case of acceptance, to prescribe the

conditions under which they will consent to give their assistance. So far we think that neither the governors nor the medical men were to blame; the governors, on the one hand, acting on the principles we have assumed, are desirous of securing what they deem the best advice for the objects of their charity. The medical practitioners, knowing the abuses of the system of election hitherto pursued, decline an appointment so made, and exercise their right of refusing to render gratuitous services on terms which they consider neither equitable nor honourable.

The ulterior proceedings in this case, however, cannot be looked upon in the same light. When the governors, refusing to yield to the proposals of the medical men, adopt as an alternative the selection of an individual from a distance, whose qualifications for the office are entirely unknown to them, and who, from his having only just entered the profession, must be considered as altogether untried, they give up at once the only ground upon which they could in equity act; and when, to induce this gentleman to accept the office, they add a salary from the funds of the institution, they altogether depart from those principles of justice and good feeling towards the medical practitioners of the place, which tried services, whether gratuitous or remunerated, have a right to expect.

It is to be regretted that some compromise did not take place. The objections to the system of rotation proposed by the medical men of Carlisle, though probably in that particular instance more apparent than real, when such a system was first proposed might, as we can readily conceive, weigh deeply with those who, like the governors of the New Cumberland Infirmary, have obviously proved themselves on other occasions incompetent judges of medical qualifications and medical responsibilities. It would have been better, we think, had it been pointed out that the *regular* attendance of even a less experienced or less gifted practitioner is, in the general routine of cases, of higher value than the uncertain attendance, or at best hurried attention, which it is often only in the power of those in full practice to bestow. Had this been calmly and forcibly shown, the governors, we should suppose, might have been induced to appoint a larger number of medical officers, consisting of those who had been in practice for a certain definite period, amongst whom the system of rotation might advantageously have been adopted, while at the same time the selection of these would have been virtually obtained by the medical men by an understanding among themselves as to who should be proposed as candidates.

It may be said, in reply to this, that the principle for which they were contending, the equal one of rotation, would have been lost sight of; but, under present circumstances, it is questionable how far this principle can be carried out. Its indiscriminate adoption, as we have remarked, might put an undue force upon the conscience, and interfere with the undoubted right of the subscribers, and it is objectionable further on general grounds, as impracticable in towns of considerable size or localities of great extent, and far

from advisable under circumstances which might be pointed out even in places of smaller dimensions. That some alteration in the mode of appointment to medical institutions is most desirable, no one who is acquainted with the practices which commonly take place on occasion of the filling up of a vacancy among the medical officers can deny. The merits of the respective candidates have commonly little to do with determining the choice of the governors, and the election is decided either by the activity or expertness displayed in the canvass, the personal influence of the friends of the candidate, or the number of factitious votes which he may have it in his power to make.

This is, we believe, a correct statement of what commonly takes place on such occasions, and we confess that, as far as depends upon the governors of these institutions, we see not the remedy. The large hospitals and infirmaries of this country are in one sense strictly private establishments, founded by private individuals, and supported by private contributions, and even those who are actuated by motives of the purest benevolence in maintaining and promoting their efficiency, would be unwilling to give up their individual share of patronage, or to withhold the exercise of personal influence, in presenting to the various appointments as they become vacant. We were rejoiced to observe that, in advertising the vacancy of the office of house-surgeon and apothecary to the Sheffield General Infirmary, the following extract from the rules of that establishment was published:—"Any candidate for the office of apothecary who shall have been proved to have canvassed for the appointment, either in his own person, or through the instrumentality of others, shall not be eligible to the situation." The regulation is an excellent one, though we fear liable to be evaded, and, like many other laws which are good in principle, when attempted to be carried into operation, binding only on those who are actuated by upright and honourable motives. It is a rule also, which, however it may be adopted and enforced in the appointment to those offices to which a salary is attached, will rarely be recognised or acted upon in the election of honorary officers. In this latter case, moreover, family connection and other sources of influence will have their weight, and the creation of new votes, by adding to the number of the governors, is often thought to prove of such advantage to the funds of the institution, that the practice will very generally be connived at, if not openly tolerated.

We repeat, therefore, that it is to the medical practitioners themselves rather than to the governors of medical institutions that we must look for any amendment in the mode of appointment to these honorary offices of responsibility and trust. But if medical men are to obtain that influence which it is desirable that they should possess in the regulation of the mode in conferring appointments of this description, and in providing for their being filled up in a manner which shall neither be derogatory to the profession nor disadvantageous to the interests of the institutions, it



becomes doubly important that the principle of election proposed should be generally applicable.

On a former occasion it was attempted to be shown that the duties of these gratuitous officers were too onerous and extensive for the limited number of those appointed to perform them. We believe that great advantage would be derived by a more general participation in them, by the number of medical and surgical officers being considerably increased, and especially by provision being made whereby, when the private calls upon the time of a medical practitioner become so frequent as to interfere with the regular and efficient performance of his public appointment, he should be relieved from the latter without being driven, as it were, to give up all interest in the concerns of the institution by an absolute and voluntary retirement.

Where the duties have been diligently and well performed by a medical officer, and he is still willing to continue his services, it would be injurious to the real interests of the institution were he to be required to resign. To limit, therefore, the duration of the appointments absolutely, whether to three or five or more years, as has been proposed in some institutions, seems undesirable. At the same time, to give the option of retiring to the officers, after a certain stated period of service, without a formal resignation, might be a judicious regulation as enabling them, where real impediments exist to their efficiency, to make room for others who may have more time at their disposal, or more inclination to devote themselves to the duties required. The subject, however, is one which is worthy of more consideration than we can at present give to it, and we shall therefore conclude these observations for the present, commending it to the attention of those whose experience in the management of public institutions enable them fully to appreciate its importance.

#### THE LONDON COLLEGE OF MEDICINE.

We have received the following reply from the "Galway Practitioner" to the remarks which recently appeared in the "Lancet," in defence of the London College of Medicine. The "Galway Practitioner" defends himself in so spirited a manner, that we think it unnecessary to bestow any further notice on the worthies of Lancaster-place.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—I have to thank you for the number of the "Lancet," for Saturday last, which you politely forwarded to me. Were it not for your kindness, I should not have seen the remarks on my letter, contained in that publication, as your own Journal and the "Medical Gazette" are the only weekly medical periodicals we now see west of the Shannon.

I was indeed surprised at the hollowness of the argument which the Editor of the "Lancet" advanced in justification of his conduct. A man who could venture to perpetrate the evils he has done to the medical profession, one should imagine, would be prepared with something better than the vapid and

flimsy tissue of words with which he now attempts to justify his conduct. He cautiously, and perhaps prudently, abstains from attacking your criticisms, biting and stringent as they are, on his words as compared with his deeds, during his whole public career, but turns on me, and, with his characteristic cunning, attempts to fasten on certain passages in my letter, which were written, I admit, less distinctly and carefully than they should have been for publication. With peculiar callousness of feeling, the writer of the article in question congratulates himself on the "gratifying results of the London College of Medicine;" and yet, strange to say, he gives himself the lie in his concluding sentence, where he says, "We do not say that the experiment (meaning the London College of Medicine) should be repeated." How the editor can reconcile the interpretation of these two conflicting passages is best known to himself. His brain must have been sadly clouded when he committed so gross a blunder. He is not satisfied, however, with his own floundering, but he must have recourse to the stale trick of suppression to make the meaning of my words confused, in order that they may the better serve his own purposes. For example, he states that "the successful candidate was elected on the strength of his possessing the diploma of the London College of Medicine," and carefully omits the conclusion of the sentence—namely, "*which was passed off before the board as the genuine diploma of the College of Physicians of London.*" Now, from the first reading, it would appear that it was on account of the intrinsic value of Mr. Wakley's diploma that the candidate was elected, whereas a far different meaning is conveyed to the reader on perusing the sequence of the sentence. It was on account of the spurious document being mistaken for the genuine diploma of the London College of Physicians, and no doubt, in christening his manufactory, the editor in question had in view the beneficial results likely to arise from the similarity of names. Several false assertions are engrafted on this suppression, which, however, I shall pass over.

The editor next proceeds to call me "a defeated rival," "a crest-fallen practitioner," &c. These are misstatements. I am not a defeated rival, for I did not offer myself at the election for the vacant office; I am not a crest-fallen practitioner, for I have enjoyed for upwards of twenty years the fruits of *honest* industry and the ESTEEM of my professional acquaintances. "The London College of Medicine," says the editor of the "Lancet," "*had this obvious advantage, that while it suppressed the smuggling trade in foreign degrees, held out no bait to foreign extortion, and prevented the title from being obtained by unqualified persons!*" This modest statement, Gentlemen, must surely arise from what you have so aptly termed "a delicacy peculiar to himself;" or perhaps it may result from the well-known principle of counter-irritation, which ordains that you should establish one evil to get rid of another! What, may I ask, does it matter to the Bank of England, whether those flash notes, that are too often smuggled into the circulation of this country, have been manufactured at Timbuctoo or in the immediate vicinity of Bow Bells? Is not the injury to the currency the same, whatever may be the locale of the Bank of Elegance? Then it is equally

pertinent to ask, does it matter one fig to the healthy administration of the medical polity of these realms whether those spurious diplomas, which are a disgrace instead of an honour to those who hold them, are imported from the venal schools of the continent or are manufactured under the superintendence of the editor of the "Lancet," in a "hole and corner" near Waterloo-bridge? It is needless, however, to argue with one who seems to glory in his iniquity, who congratulates himself on the evils he has perpetrated, and who, without the slightest shadow of remorse or shame for his past offences, now assumes a new character, and by a miserable subterfuge attempts to pass off his greatest violation of principle as the *summum bonum* of his whole medico-political life.

I have now, Gentlemen, to thank you for the spirited manner in which you have commented on this ugly transaction; and I cannot do better than conclude this letter with the following passage from an editorial article in the "Galway Vindicator," in the justice of which I am sure every honest member of the profession will fully concur:—"We know not," says the writer of that excellent article, "of any fraud more hazardous to individual reputation and conduct, or more grossly and fatally ruinous to public interests, than the vile and villanous trading in man's life, practised by certain confederated vagabonds, styling themselves bodies collegiate, or universities, and selling out, as you would sell a receipt stamp, the license to cure or kill, as chance may direct, her Majesty's lieges, under the daringly violated name of an M.D. or an M.R.C.S.!"

I am, Gentlemen,

Your obedient Servant,

A GALWAY PRACTITIONER.

Galway, Feb. 7, 1842.

# ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

January 25, 1842.

Dr. WILLIAMS, President.

*Tabular View of Thirty Cases of Tubercle of the Brain in Children.* By P. HENNIS GREEN, M.B. [Communicated by Dr. T. H. Burgess.]

An analysis of thirty cases of tubercle of the brain was laid before the society by the author preparatory to a more extended communication on this subject, which he promises to afford. After noticing the importance of extended post-mortem researches with a view to the pathology of the brain, so as to comprehend lesions of the medulla oblongata, he concludes with some general remarks on his tabular view. In his thirty cases the ages, he observes, varied between thirteen months and twelve years. With respect to sex, fourteen were boys, sixteen girls. In four cases no cerebral symptoms existed during life; in two, only periodical headache; in two, deafness and purulent discharge from the ear. In the remaining cases, headache, vomiting, amaurosis, convulsions, paralysis, weakening of intellect, were observable. The duration of this chronic stage varied from one month to three years. Nine died with acute hydrocephalic symptoms; a few with symptoms of softening; the rest of consumption, small-pox, &c. The number, volume, and site of the tuberculous masses varied considerably in different cases.

The PRESIDENT remarked, that he believed the author was entirely wrong in stating that no author had mentioned the connection which was well known to exist between diseases of the brain and tuberculous deposit.

Dr. ADDISON said, that he also was surprised at the statement made by the author. Tubercle of the brain was a disease of very frequent occurrence in children; he (Dr. Addison) often had occasion to observe this affection at Guy's Hospital, both in connection with hydrocephalus and without it; he could not exactly mention the particular works in which the disease was described, but he was sure that it was familiar to many of the gentlemen present.

Dr. GREEN remarked, that he would not have ventured to bring before the society a subject now so well known as tubercular hydrocephalus; his paper referred to quite a different subject,—namely, tubercle of the brain, independent of hydrocephalus. The two diseases were essentially different; in the former the tubercles were those which are denominated miliary, and confined to the membranes of the brain; in the latter the tubercles commonly occupied the substance of that organ. Tubercle of the brain was not, of necessity, associated with acute hydrocephalus; in the thirty cases, an analysis of which he had laid before the society, only nine terminated with symptoms bearing some resemblance to those of acute hydrocephalus. He (Dr. Green) might perhaps be in error, when he stated that no work on diseases of children contained any description of tubercle of the brain; he knew that a few theses had been written on the subject and that some articles had appeared in different periodicals, but he must repeat what he had mentioned in his paper, that he was acquainted with no work on diseases of children, either in the English or continental languages, in which tubercle of the brain was, even briefly, described.

At the suggestion of Mr. Macilwain, the discussion was suspended, inasmuch as Dr. Green's paper was merely preliminary to an account of the history and symptoms of tubercle of the brain in children.

*Case of Spontaneous Dislocation and Anchylosis of the First and Second Cervical Vertebrae.* By EDWARD J. SPRY, Esq., Surgeon to the Royal Cornwall Infirmary. [Communicated by W. COULSON, Esq.]

The patient in this case was a shoemaker, and at the time of his death was thirty years of age. He was a muscular man, of moderate stature, and from his youth had stiff neck; he always carried his head towards his left shoulder, and it moved only with the trunk. From the account of his friends, it appeared that, when about nine years of age, he had an obscure complaint in his throat and neck, and that for a long time afterwards he had been obliged to turn his head with great caution. The manner of his death is thus described:—"He had been drinking almost all day, and towards evening he laid his head on the table of a beer-shop and fell asleep. He continued in that posture about an hour, when, waking suddenly, he made an effort to raise himself—staggered across the room, and fell down without a groan or struggle." On examination, the brain was found intensely gorged with venous blood, and a small coagulum was discovered on the lower and outer surface of the right middle lobe. These were the only changes of moment observed in the brain. The atlas and vertebra dentata were firmly anchylosed together, a degree of displacement having previously taken place, of which the extent could hardly have been adequately estimated without an inspection of the preparation which accompanied the paper. It must suffice to state here that the dimensions of the space, as given by the author, occupied by the medulla oblongata, were as follows:—

From side to side, 0.9 of an inch.



From before backwards at the widest part, 0.3 of an inch.

From before backwards at the narrowest part, 2. of an inch.

From the right surface of the odontoid process to the opposite surface of the atlas, 0.1 of an inch.

"This frightful displacement," says the author, "was doubtless occasioned by ulceration of the transverse ligament, and it is very probable that life might have been preserved for many years longer but for the indulgence of habits which added vascular turgescence to the risk arising from a permanent constricted medulla."

*A Case of Malignant Cholera which occurred at Beaconsfield in 1819, by Dr. Rumsey. [Communicated by Dr. R. Lee.]*

The circumstances deserving notice in this case is the year of its occurrence. The symptoms mentioned are those of the disease, but some characteristic symptoms are not adverted to, as present in this attack; such as the absence of the urinary secretion, and the existence of ricey evacuations.

## COURSE OF CLINICAL LECTURES

ON

### SURGICAL DISEASES,

DELIVERED AT THE HOSPITAL OF LA CHARITE,

By Professor VELPEAU.

#### Lecture XII.

##### ABSCCESS OF THE ILIAC REGION.

GENTLEMEN,—As we have now in the wards several patients affected with abscess in the iliac region, I shall seize this opportunity of speaking to you on a subject, with which surgeons are very imperfectly acquainted, notwithstanding the recent researches of Dupuytren, Dance, Ménière, Grisolle, &c. We have now four patients labouring under iliac abscess in our wards, two males and two females; one of the latter is reduced to the last stage of exhaustion, and will soon afford us an opportunity of examining, after death, the changes produced by one species of this affection.

The causes, gentlemen, of iliac abscess, are innumerable; they may exist in the hard or soft parts. Inflammation of the muscles, of the cellular tissue, of the peritoneum, or of the bones of this region, may act as an exciting cause, as well as inflammation of distant parts. Thus, various diseases of the kidneys, of the cœcum, or sigmoid flexure of the colon, may give rise to the presence of purulent collections in the iliac fossa; they may also depend on perforation, scirrhus or cancer of the intestines, diseases of the chord and testicle, hernia and the operations for its relief, diseases of the bladder, or prostate gland, the urethra, &c. Iliac abscess may depend on disease of the groin, or thigh; thus inflammation of the *bursa mucosa* of the psoas and iliacus muscles, or of the hip-joint, is a frequent cause of iliac abscess. Disease of the female genital organs is, likewise, a very frequent cause of this affection. Diseases of the ovary, for example, may give rise to two species of iliac abscess. When the serous lining of the ovary is inflamed, the pus which descends to the iliac fossa is contained in the cavity of the peritoneum; but if the substance of the ovary be inflamed, the abscess is then seated outside the cavity. The latter is the case, I believe, with our female patient in No. 13; the substance of the ovary was inflamed, and we have a painful tumour in the left iliac region; you should, however, remark that this woman's bowels are obstinately constipated,

and that powerful purgatives have failed, as yet, to procure any evacuation; hence the tumour might be nothing more than a collection of fecal matter.\*

Diseases of the womb are very often an exciting cause of abscess in the iliac region; this we can readily understand. In cases of metritis, the inflammation easily extends to the cellular tissue of the broad ligaments, and with them to the iliac fossa; the patient in No. 12, is affected with this form of the complaint; she was delivered two months ago, and on the night after delivery she was attacked by metro-peritonitis; the disease was checked, but since then she has suffered severe pain in the left iliac region, which has become the seat of a large abscess.

Disease of the bone, again, is a frequent cause of iliac abscess; our patient in No. 41 died yesterday from abscess produced in this way. Buboes seated in the groin may also give rise to the disease. The patient in No. 32 is a young student in medicine, who had been affected with bubo; the tumour suppurated, and the inflammation extending from the glands in the groin to those in the iliac fossa, the consequence has been the formation of abscess in the latter part.

Having thus, gentlemen, enumerated the various causes of iliac abscess, let us speak of the different species of this affection according to its seat. The abscess may be situate first, in the parietes of the abdomen covering the iliac region; second, in the iliac fossa underneath the peritoneum; and third, in the peritoneal cavity.

#### 1. Abscess in the Abdominal Walls.

Inflammation of the inguinal glands is frequently the cause of this species of iliac abscess; it may also depend on inflammation of the chord, hernia, or on operations performed in this region. Abscess in the abdominal wall of the iliac region are of three sorts; first, they may be seated between the integument and the fascia of the external oblique muscle; in this case they may be extensively diffused. Diseases of the urethra may occasion this diffused inflammation—for example, ulceration at the spongy or bulbous portion of the canal.

Second, the abscess may be situate in the inguinal canal.

Third, it may have its seat between the peritoneum and the muscular wall of the abdomen, behind. These are important distinctions, because the treatment must necessarily vary according to the seat of the abscess.

#### 2. Abscess in the Iliac Fossa.

These always depend on inflammation of the peritoneum, or genital organs, and present some varieties with respect to their seat, which you should be acquainted with. In some cases the abscess is seated beneath the peritoneum; sometimes under the fascia iliaca; sometimes in the peritoneal cavity. When the pus collects under the peritoneum, it extends rapidly towards the flank or in the walls of the abdomen, extending even to the inguinal canal. These abscesses may depend on diseases of the kidney, caries of the spine, ribs, or pelvis, and diseases of the womb or genital organs. The third species is that in which the abscess is situate under the fascia iliaca. This layer, arising from the fibrous band which envelops the origin of the psoas muscle, becomes gradually thicker as it descends to the iliac fossa; here it encloses the anterior circumflex artery, and joins the fascia transversalis; over the fleshy part of the psoas muscle it is thin, but it thickens over the tendinous part and passing downwards joins Poupart's ligament. The iliac fascia thus forms the anterior half of the iliac canal, which contains the psoas and iliacus muscles, and terminates inferiorly in the thigh. The

\* Since these observations were made the purgatives acted effectually, but the tumour remains; it is therefore an ilia abscess.



superior aperture of the iliac canal is limited behind by the ilio-lumbar ligament with the transverse process and body of the last lumbar vertebra. The fibrous sheath of the psoas connects the fascia iliaca to the ligament of the diaphragm, and hence we have a long tract continuous from the diaphragm to the lesser trochanter. This brief description will help to explain to you the symptoms arising from the presence of pus in the iliac canal. When the pus comes from inflammation of the cellular tissue of the iliac fossa, or some more distant part, it must follow a certain course; if it descends between the peritoneum and fascia iliaca, it will come out by the crural or inguinal canal, and the abscess will be superficial. In cases of psoitis, on the contrary, or of deep-seated caries of the vertebrae, the matter commonly gets under the iliac fascia, and follows the course of the iliac canal, being very deep and long before it appears externally; it either descends with the psoas and iliacus muscles to the thigh, or ascends to the flank and lumbar regions.

This, however, must be considered only as a general description; for as the matter may work its way through various tissues the abscess may be combined in different forms.

When abscess is seated underneath the fascia the case is always a dangerous one, because the matter almost always depends on some disease of the bones, or of the hip-joint; in the latter case the pus works its way from the joint into the synovial bursa placed between the articular capsule, the body of the pubis and iliac tendon; and as the bursa frequently communicates, either accidentally or naturally, with the cavity of the hip-joint, any infiltration of matter from the spine or pelvis may pass through it into the joint. Hence we often have disease of this latter part supervening on affections of the vertebrae, which terminate in abscess.

As I have already mentioned to you, the iliac canal leads from the iliac fossa to the upper part of the thigh; this circumstance explains the different degrees of depth at which abscesses form in the thigh in different persons. When the pus descends through the femoral canal, the abscess is subcutaneous; but when it passes under the iliac fascia, and through the inguinal canal, it must be deep-seated. In some cases the matter makes its way through the deep layer of the fascia iliaca, ascends towards the obturator foramen, and presents near the ischium; in other cases it works between the glutei muscles, triceps, and fascia lata, and points below the great trochanter. From this you may see how the pus may open at various points of the limb, and how we are able, in many instances, to ascertain the source of the matter from the place at which the abscess points. From the pelvis the matter may pass into the groin through the obturator foramen, under Poupart's ligament, or even through a perforation of the cotyloid cavity; or the opposite of this may occur. In 1832 I saw a patient with abscess, which commenced underneath the fascia, behind the cotyloid cavity; the pus made its way through the inguinal and crural canals and the obturator foramen, then between the adductor and pectineus muscles, and winding round the neck of the femur, presented at the upper and outer part of the thigh. In another case the tract of the abscess was the same, but it ascended as high as the edge of the tensor fasciae femoris muscle.

**Diagnosis.**—It is of the utmost importance to lay down a correct diagnosis of this disease, because in the first place our prognosis will depend on it, and in the second place because the treatment must vary according to the different species of iliac abscess. In the female occupying bed No. 12, you have an example of sub-peritoneal abscess; this woman laboured under metro-peritonitis, and soon afterwards we discovered a tumour extending from the pubis to the flank. In this case there was no extension of the abscess to the thigh, no collection of pus in the pelvis;

the sense of fluctuation is very obscure, and the matter is evidently very deep-seated. By these characters we are able to distinguish a sub-peritoneal abscess from one contained in the cavity of the peritoneum; in the latter case the abscess would be more superficial, and easily distinguished. However, you must not be too confident in forming your diagnosis of the different forms of this disease. The patient in No. 30, who was at the point of death when I commenced the subject of iliac abscess, has just sunk. Here are the results of the autopsy. I had diagnosed, as you may remember, an iliac abscess arising from caries of the lumbar vertebrae or bones of the pelvis. The abscess was indolent, and extended to the iliac fossa and flank. A narrow incision was made, and the pus evacuated. I placed a large blister over the seat of the abscess, to stimulate the absorbents. In a few days afterwards the puncture reopened, erysipelas came on, and the patient died. On examining the body I found that my diagnosis was erroneous; the vertebrae and bones of the pelvis were quite healthy, the abscess was idiopathic, and the patient might have got perfectly well.

**Prognosis.**—When we have ascertained with certainty the species of abscess that we have to deal with, then our prognosis is easily established. Diffused abscess is attended with all the dangers of diffused phlegmon; if the abscess be seated in the inguinal canal, there is danger of the rupture of the peritoneum, and effusion into that cavity; if between the serous cavity and the deep muscles or fascia, the danger is still greater. Intra-peritoneal abscess is accompanied with the danger of rupture of the adhesions which isolate the pus from the peritoneal cavity. Sub-peritoneal abscess may pass from the iliac region to the thigh, or it may open in the vagina or rectum, and be thus discharged; in other cases the matter may point in the flank, or grow where it admits of being opened, and the abscess cured. The prognosis of abscess seated beneath the fascia must depend on its cause; if from disease of the bones, then the prognosis is very unfavourable; if not, then we may hope to cure the patient.

**Treatment.**—The treatment, Gentlemen, must likewise vary according to the species of abscess which you may have to treat; and if I have dwelt so long on the causes and varieties of iliac abscess, it is because they exercise so great an influence on the means by which the disease must be combated.

#### *Abscess from Diseased Bone.*

It can scarcely be necessary to remind you that if the abscess depend on disease of a bone or joint, the termination of the case will be unfavourable, no matter where the abscess may point. Our art can do very little in unfortunate cases of this kind.

#### *Abscess from Disease of the Cæcum or Colon.*

Should the abscess, on the other hand, depend on some disease of the cæcum or sigmoid flexure of the colon, the case is quite different. The prognosis, it is true, is scarcely more favourable than in the former case, but your treatment must be modified by circumstances. You have here stercoral iliac abscess; you have a collection of pus, the exciting qualities of which are greatly increased by the presence of stercoraceous matter, which gives rise to the severest inflammation and gangrene. Hence, though you would not be in a hurry to open congestive abscess, you must open this species as soon as possible; if this be not done, gangrenous inflammation will soon set in, and carry off your patient.

#### *Abscess from Disease of the Kidney.*

This form of abscess is not so dangerous as the one just mentioned. If the kidney be affected with cancer, the disease will, of course, prove fatal; but if there be merely suppurative inflammation of the cortical



substance of the kidney, without perforation of the calices and pelvis of that organ, the disease may be cured. Should, however, any communication exist between the abscess and the urinary reservoirs, we then have urinary abscess, a species just as intractable and dangerous as stercoraceous abscess. This shows you that a careful distinction should be drawn between simple abscess of the substance of the kidney and abscess communicating with the urinary canals. The latter must be opened at once; with regard to the former, you must employ antiphlogistics, as bleeding, leeches, poultices, &c., and wait a while to see whether the abscess has any tendency to become circumscribed, or point in the flank or groin.

#### *Abscess from Disease of the Genital Organs.*

These frequently occur in puerperal females; but they may happen to women who have not been pregnant, and I have seen a few examples in young virgins. They arise, as I have already mentioned, from inflammation of the ovary, uterus, bladder, vagina, or peritoneal covering of the genito-urinary organs.

#### *Intra-peritoneal Abscess.*

In cases of this kind your treatment must be the same as that for peritonitis. Antiphlogistics, emollients, and resolvent remedies, must be actively employed; you next have recourse to blisters; these latter are very efficacious in promoting the absorption of the pus; they may be assisted by purgatives and mercurial frictions. At last, when we are assured that the abscess is completely circumscribed, we must open it, but not before then.

#### *Sub-peritoneal Abscess.*

Here, again, you have a different rule to follow. The pus, in these cases, may descend under Poupart's ligament, or point near the crest of the ilium, or in the flank; the fluctuation is evident, and you should open the abscess at once; if the patient, however, be a female, you must first make an examination *per vaginam*: here you will often find a tumour, which soon bursts, and the matter is readily discharged; the same remark holds good with respect to the rectum. Should no tumour, however, be perceptible in either of these parts, you must open the abscess, where it points, without delay. But how is the collection of matter to be opened—by puncture or incision? The former is less painful and tedious, and I do not think that it is more dangerous. Should you feel any doubt as to the presence of pus in the groin or near the crista ili, you have merely to pass an exploring needle in to remove all doubt.

#### *Sub-aponeurotic Abscess.*

This variety always gives a great deal of trouble and embarrassment to the surgeon. In the first place they are very long in pointing; should they present in the flank, you may open them at once. When the abscess has worked its way down through the inguinal canal to the thigh, there is reason to fear that the ileum has been denuded or diseased, and that the results will be unfavourable. As to abscess arising from scirrhus or cancerous ulcerations of the genito-urinary organs I have nothing to say; they are merely one symptom of an incurable malady.

#### *Abscess of the Abdominal Parietes.*

This is the last species which I have to speak to you about. I subdivided this species into 1, diffused abscess; 2, intra-parietal abscess; and 3, sub-peritoneal abscess. These distinctions are practical; when diffused abscess exists between the skin and fascia it should be opened at once, to prevent the inflammation from spreading along the subcutaneous cellular tissue. When it points outside the inguinal canal there is no danger in opening it; but much caution

must be used when the abscess is seated within this canal, in order to avoid the chord.

Besides, in this latter case, the diagnosis is very difficult; the disease may be confounded with inflammation and tumefaction of the chord, strangulated hernia, &c. When we have ascertained, by careful examination, that the case is one of abscess, we have to decide whether it should be opened at once or not, and the rule I would lay down for your guidance is, to open such abscesses without delay. By making your incisions on the inner side of the inguinal canal, you avoid the epigastric artery, but the vas deferens must be avoided by careful and cautious incisions. Sub-fascial abscess must not be opened until it points in the flank or abdominal wall, for by puncturing such tumours at too early a period we run the risk of wounding the epigastric artery. However, it seldom happens that we are called on to open this kind of abscess before it has acquired considerable volume.

## PRACTICAL SUMMARY OF FACTS IN MEDICINE AND SURGERY.

### CATARRH OF THE BLADDER.

In the last volume of his excellent treatise on diseases of the genito-urinary organs, M. Civiale makes some observations on the treatment of catarrh of the bladder by injections, which are worthy of the attention of practitioners. M. Civiale assures us that he has obtained the best results from this mode of treatment in cases of chronic catarrh. The object of injections is to remove the urinary deposits from the bladder, modify the sensibility of the organ, and restore its contractile power.

Simple water should be used at the commencement, either tepid or cold, according to circumstances, and the injections are to be continued as long as the urine contains any deposit, and the bladder remains weak.

Immediately after a natural evacuation of the urine, a catheter should be passed into the bladder to ascertain whether all the urine has been expelled, and whether the portion which may remain contains any deposits or not. This done, some tepid water must be slowly injected into the bladder, and, after a very short sojourn there, allowed to flow away. The same operation must be repeated every day, unless the urethra and bladder show some signs of irritability, when it may be suspended for a day or two. Generally speaking, in from three to eight days the patient is able to make water more easily, and the urine contains less sediment.

Two injections are now made, one upon the other. While the first is flowing away, the syringe is filled again, and a second injection thrown into the bladder. Should the expulsive power of the organ be extremely feeble, three to five injections may be thus made, one on the other, and the temperature of the fluid gradually reduced. The best indication of the number of injections to be employed, and the temperature of the water, is the manner in which the fluid escapes from the bladder. At first it merely dribbles away, but as soon as we find that it is expelled by the contractions of the bladder, we must cease to increase the number of injections, and to diminish their temperature.

### POLYPI OF THE RECTUM IN CHILDREN.

Professor Stolz has published in the Gazette Médicale of Strasbourg, a pamphlet on polypi of the rectum in children. This disease, he says, occurs from time to time, and has almost never been taken notice of by any of those authors who have written on diseases of children, having been taken for a prolapsus of the gut. The case which first occurred to him was in a boy five years old, and presented the following symp-

toms:—For eighteen months he had had frequent desire to go to stool; and for a year, at each time that he went, he had passed a red and bloody tumour, which in about five or ten minutes returned of itself. His parents, and several medical men who were consulted, believed that he laboured under prolapsus of the rectum. Professor Stolz at first was of the same opinion, and various injections were accordingly ordered. After several weeks, upon examining him minutely, he discovered, that it was not a prolapsus, but a tumour of the size of a small nut, and covered with a bloody mucus, which was protruded. It was attached not very high up the gut, by a pedicle of about the thickness of two millimetres to the mucous membrane of the rectum. A ligature of silk was accordingly put round it and tied. In three days it came away; no bad symptoms followed, and the child, who had been in bad health previously, from loss of blood, soon recovered his strength. Two other cases have occurred to the professor since, and he has heard from his colleagues of several more. In one of the cases which he had, he removed the tumour by means of scissors. No blood followed at the time; but in about two hours after there was copious hemorrhage, which put his patient's life in danger. The bleeding was arrested by compresses dipped in cold water, and by cold injections. The child made a good recovery, and soon regained his strength.

This last case is another example of the danger of making any incision in the rectum, or even in its neighbourhood, without carefully plugging the wound afterwards.—*Edinburgh Monthly Journal, February, 1842.*

#### GLUTEN BREAD.

In a recent number of the "Provincial Journal" we published some interesting observations by M. Bouchardat, of Paris, on the use of gluten bread in diabetes. We find from the "Pharmaceutical Journal" that this bread is prepared in London by Mr. Bullock, of Conduit-street.

"Some specimens of gluten bread were laid on the table by Mr. Bullock, who explained that this substance was intended as an article of diet for patients labouring under diabetes. In these cases, he said, it was important to confine the patient to azotized food as much as possible, and especially to avoid those substances most easily converted into sugar, such as starch. The use of animal food alone was subject to inconvenience, and therefore bread prepared in this way had been proposed, and had been used with success in Paris. It was not made of pure gluten, as that was proved to be indigestible, but about one-sixth of the original quantity of starch contained in the flour was retained. He showed two samples of the bread, one made with yeast, and the other with the substitution of carbonate of soda and muriatic acid. This bread was recommended to be used in the form of rusks."

#### NICOTINE.

M. Barral has succeeded in obtaining this alkali from tobacco. Its capability of saturation is very feeble, when compared to that of other alkalis, but it acts in the most rapid and powerful manner on the animal economy.

#### GOVERNMENT BILL ON MEDICAL REFORM.

We have heard, on the authority of a friend who is likely to be well informed upon these matters, that Sir James Graham has forwarded the heads of a medical bill to Sir Henry Hallford. According to the statement of our informant, the College of Physicians is to occupy a commanding position in the new arrangements; and the exclusive privileges of the Apothecaries' Company are to be abolished.

#### THE INSPECTOR OF ANATOMY AND THE ANATOMY ACT.

Various complaints have, from time to time, issued from the teachers of anatomy in the metropolis, relative to the manner in which subjects have been distributed to the different schools by Dr. Somerville. Great partiality, it is alleged, has been shown to the University College School; and the grievance became so pressing that a formal complaint was made by one of the suffering parties to the council of the College of Surgeons. The council inquired into the matter, and having, we presume, ascertained that some just cause for complaint existed, laid a statement of the case before Sir James Graham, who has appointed Mr. Joseph Henry Green and Mr. Roberts to investigate the whole affair. Here the subject rests for the present.

#### ROYAL COLLEGE OF SURGEONS IN LONDON.

*List of Gentlemen admitted Members on Friday, February 4, 1842.*

Robert Wood Spry, William Adams, Edward Tomlinson, George Howells, John Henry Strickland, Robert Taylor.

#### BOOKS RECEIVED.

On the Treatment of Stone in the Bladder, by Medical and Mechanical Means. By R. Willis, M.D. London: Bailliere, 1842. 8vo. pp. 183.

Traité Pratique sur les Maladies des Organes Génito-Urinaires. Par le docteur Civiale. Tome iii. Paris: Fortin, 1842. 8vo. pp. 516.

A Treatise on Dislocations and Fractures of the Joints. By Sir A. Cooper, Bart. New Edition. By B. B. Cooper. London: Churchill, 8vo. pp. 576.

An Inquiry into the Nature and Pathology of Granular Disease of the Kidney, and its Mode of Action in Producing Albuminous Urine. By George Robinson. London: Churchill, 1842. pp. 79.

Catalogue of the Preparations illustrative of Normal, Abnormal, and Morbid Structure, Human and Comparative; constituting the Anatomical Museum of George Langstaff. London: Churchill, 1842. 8vo. pp. 518.

#### CORRESPONDENTS.

It is unnecessary to publish the letter of *A Student, Douglas*. Mr. Carmichael has sufficiently explained his views.

*A. B.*—The abstracts of the Medico-Chirurgical Society are furnished by authority. We are not permitted to correct or extend them. The error alluded to, ridiculous as it is, occurred in the authorised version.

We have been compelled, from want of space, to omit the reports of the case at *Bath*, and of *Veitch v. Russell*.

*Missing Numbers.*—From the circumstance of so large a number of this Journal being posted every Friday evening, it occasionally happens that a number or two does not reach its destination. Communications upon this mischance should be addressed to Dr. Green, 58, Margaret-street, Cavendish-square.

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## COURSE OF CLINICAL LECTURES

ON

### SURGICAL DISEASES,

DELIVERED AT THE HOSPITAL OF LA CHARITE,

By Professor VELPEAU.

#### Lecture XIII.

##### ABSCESS IN THE AXILLA.

GENTLEMEN,—Of the various diseases which occur in the region of the axilla, abscess is certainly one of the most frequent; yet you will find but little information in surgical works on the seat, extent, and nature of purulent collections, in this part of the body. I shall, therefore, describe to you, to-day, axillary abscess, as I did, on a former occasion, abscess in the iliac region. With regard to their seat, we have several varieties of this affection.

#### 1. *Superficial Phlegmonous Abscess.*

These are seated in the superficial layers of the cellular tissue. They are often the consequence of some critical effort of nature, or they may depend on neglect of cleanliness, and irritation of the sebaceous follicles, but seldom arise in consequence of injury to the upper extremities. As the cellular tissue in this part of the body does not present much of the areolar structure, the inflammation has little tendency to spread, and the phlegmon assumes rather the appearance of a boil; it cannot penetrate deeply, on account of the dense structure underneath, but advances rapidly to the skin. This kind of abscess is frequently accompanied by very severe pain, and almost always terminates in suppuration. Its treatment is simple enough; you have merely to apply emollient or opiate cataplasms to the part until suppuration is completed; if the abscess be slow in pointing, you may excite it by some stimulant plaster. Open the abscess as soon as you can, and do not wait until the skin has become very thin.

#### 2. *Phlegmonous Erysipelas.*

This variety is usually seated in the deep layer of the subcutaneous cellular tissue; hence the inflammation has a tendency to spread, because the layer alluded to is continuous with the same structure in neighbouring parts. The inflammation, in cases of this kind, is severe, and not unattended with danger; the fever is often very high; the character of the pain, dull, lancinating, or pricking. It sometimes extends to the deeper layers of cellular tissue, and occasions deep abscess. Phlegmonous erysipelas of this region commonly terminates in suppuration; sometimes in induration and the formation of tumours, which afflict the patients during the rest of their lives. When the matter comes forward towards the skin, instead of burrowing down on the fascia, the case is more favourable; it then becomes circumscribed, and when the

matter is discharged, the abscess soon heals. The treatment consists in the application of a large number of leeches to the inflamed part, an antiphlogistic regimen, poultices, &c.; still I must confess that all my efforts have never enabled me, in a single instance, to prevent the formation of matter. I have already spoken to you at considerable length on the subject of diffused phlegmon and its treatment, and shall not, therefore, recur to the subject here, further than to remind you that the means on which I place greatest reliance are incisions and blisters.

#### 3. *Glandular Phlegmon.*

Acute inflammation of the axillary glands may arise from various diseases or accidents seated on the chest, arm, or fingers, &c.; it may extend towards the skin or the upper part of the axilla, and remain, in the latter case, concealed for a long time. This is the form which we so often see in medical students, as a consequence of dissecting wounds. It may, however, arise without any evident exciting cause, when it is slow in progress and attended with little suppuration. In acute inflammation of the glands of the axilla, the disease so spreads to the surrounding cellular tissue that suppuration is all but inevitable; the chronic form may be confined to the ganglia, and give rise to various secondary affections of these organs.

In the treatment of glandular phlegmon of the axilla, you must have recourse to general and local bleeding, by which the formation of matter is often prevented; poultices are then applied, and the abscess opened when it is ripe. You must not, however, be in too great a hurry to use the lancet, lest infiltration of pus into the surrounding parts should occur. This form of abscess is not attended with any serious consequences, unless the inflammation extend to the cellular tissue of the axilla.

#### 4. *Deep Phlegmon.*

Here the inflammation is seated in the cellular substance which fills up the cavity of the axilla; it is the most dangerous form of all; the inflammation may extend in various directions, between the pectoralis major and chest, the clavicle and muscles, under the scapula, between the trapezius and latissimus dorsi, &c. In other cases we find the inflammation extending to the neck between the clavicle, first rib, and edge of the scapula, along the course of the nerves; or it may pass into the chest, through the mediastina, and excite inflammation of the pleura. Purulent matter forms with great rapidity in cases of the kind now under consideration; we must, therefore, employ the most active measures, without delay, to prevent the disease extending to the neck or chest. General and local bleeding, emollients, &c.—in a word, the strictest antiphlogistic measures are required. When the abscess has formed, you must open it at once, to prevent infiltration of the pus.

Axillary abscess, Gentlemen, may arise from causes other than those which I have just mentioned. It may depend on caries of the ribs or clavicle; disease of the scapula, head of the humerus or shoulder-joint. Deep-seated abscess of the neck, or matter from the chest, may extend to the maxillary region. In 1829 I amputated the arm of a young man who had received a gunshot wound; shortly afterwards an abscess formed in the shoulder, and then another in the axilla; the patient died. On examining the body, I found that the pus had perforated the capsular ligament of the shoulder-joint, and thus found its way into the axilla. In 1831 I saw a similar case at La Pitié, in a man who died after amputation of a finger. In many cases I have seen enormous abscess of the axilla produced by caries of the upper ribs; in the case of a patient cut off by phthisis, the pulmonary abscess is communicated through an oblique channel, with a collection of pus in the axilla; in other cases these abscesses were produced by the laceration of tissues during violent exertion of the limb. Whatever be the cause of deep abscess of the axilla, it is a disease which requires the utmost attention of the practitioner. The anatomical arrangement of the parts in this and the neighbouring regions, explains how the pus may extend in a variety of directions. It usually follows the course of the nerves upwards, and reappears at the lower part of the neck. Unless arrested by the fascia which descends from the clavicle to the humerus and pectoralis minor, it will extend forwards between the shoulder, clavicle, and thorax. In rarer cases the abscess first works its way downwards, and then descends behind the scapula. Sometimes we find the matter spreading in all these directions at once. I remember a case in which the pus first appeared between the spine and posterior edge of the shoulder; it next pointed in the fossa supra clavicularis, and finally in front of the chest. The three collections of matter communicated with the original abscess of the axilla.

Another patient presented evident marks of fluctuation at the base of the axilla and lower part of the neck, with a third abscess in front; a single puncture with the lancet evacuated the three collections. In the year 1831 I saw, at the Hospital of la Pitié, a young boy with an abscess over the shoulder; this was opened on the following morning; it communicated with a second abscess seated between the pectoralis minor, chest, and serratus. In several other instances I have seen abscess of the axilla penetrate into the chest and produce speedy dissolution.

The most dangerous consequences, Gentlemen, frequently result from abscess in this region of the body, yet authors make little mention of the subject; in a few works, however, we have some well-marked cases. The son of the celebrated surgeon, Petit, died from an abscess of this kind. Fabricius Hildanus says positively that a child, eighteen months old, was cut off by an abscess of the axilla, which separated the pleura from the ribs and attacked the lungs; the disease commenced at the age of two months. We have some examples of a similar effect of axillary abscess in the writings of Ravaton, Delamotte, &c. You see, then, how necessary it is to distinguish the two first species of this affection from the last, which is so dangerous.

Various opinions have been given on the treatment of axillary abscess. Some authors advise us to open them as soon as possible; others are of a diametrically opposite opinion: but this point must be decided by the nature of the case; one is right, if the abscess be confined to the glands; the former correct, when the matter is seated in the depth of the axilla; my own opinion is, that we should give an early discharge to the matter in all cases of axillary abscess, except those affecting the glands. The contrary practice is attended with many inconveniences. In cases of superficial abscess, the latter mode of proceeding would give rise to considerable suffering, and the danger of purulent

infiltration; while the third species of abscess evidently requires to be opened without delay; any hesitation on the part of the practitioner would be an unpardonable imprudence. The deep-seated abscess may be opened before it is quite ripe; the inflammatory tumefaction is thus more quickly dissipated; besides, you should remember that a long time may pass over before you can feel the fluctuation distinctly, from the depth and yielding nature of the parts. A working man was admitted into la Pitié, in 1832, with severe pain and swelling in the axilla; the febrile symptoms ran high, and there was every sign of an extensive abscess, except fluctuation; the skin was not discoloured. I plunged a bistoury into the axilla to the depth of at least three quarters of an inch, and evacuated a glassful of pus. The opening, in these cases, should always be free, for, unless you make a large incision, the matter continues to burrow, and the abscess is only partially emptied. Much caution is, of course, required in operating on such a region as the axilla, where so many important vessels and nerves exist; to avoid danger, you should direct the instrument upwards and inwards, the point being carried towards the upper part of the walls of the chest; in this way you may open abscesses of the axilla without fear of wounding anything except the glands, the thoracic branches of the subclavian, and some nervous filaments. Should the abscess be large, it is unnecessary to press out the matter; it is even better to leave the evacuation of the pus to the natural contractility of the parts: strong pressure may have the effect of allowing the introduction of air into the cavity, and the subsequent deterioration of its contents.

## CLINICAL

### OBSERVATIONS ON MEDICAL CASES,

Delivered at St. George's Hospital.

By Dr. SEYMOUR.

#### PARAPLEGIA.

If you were called to a case of paraplegia, the first question you would ask would be, whether there were any symptoms of disease of the spinal marrow; and if you found that there were none of these, your attention would then be more specifically directed to the cerebellum, for it is now ascertained that any disease affecting this portion of the contents of the cranium may cause a loss of the power of motion in the lower extremities. You will sometimes be called into the case of a scrofulous child, who has very nearly or entirely "gone off its feet," as the old nurses say; and a case of this kind very often results from the presence of one or more scrofulous tumours in the cerebellum. But not only in young children do you meet with these cases, but in adults also. In one of our patient's case there was no evidence of disease of the brain and spinal marrow; the pulse was 80, and strong, but the appearance of the countenance indicated debility, and the catamenia had appeared at the regular time since her admittance into the hospital; there was, therefore, no evidence of any hysterical affection in connection with the disease. There is such a thing as hysterical paralysis, but it is rare. I have had several cases of the kind; one of these was in a young girl who was brought into this hospital. She was in love, as most young girls are, and, as a consequence, she took poison, or said she had done so, and was brought into hospital, when she appeared to have lost all power of voluntary motion. No trace of organic disease could be detected, and there being evidently a great deal of hysteria mixed up with all her symptoms, she was put upon a full course of assafoetida. She had one blister applied over the sacrum, and she took assafoetida in pills and in mix-



tures for some time, till she got quite well, and went out of the house perfectly cured. The other case to which I alluded occurred in my private practice. I was sent for to see a young lady, whom I found in a most distressing state; she was in a sort of fit, which assimilated partly to epilepsy and partly to hysteria. Her body was bent in a sort of arch, and rested on the occiput and the heels; the muscular system was in a state of powerful contraction, and great difficulty was experienced in opening the mouth to allow of any fluids being introduced into the stomach. On trying to make her stand, we found it to be utterly impossible; she fell down directly upon every attempt of the kind. No cause could be assigned for all these symptoms. She had received a severe fall two years previously, and it was supposed that this fall might have something to do with her present state; but she had danced through two London seasons in the interim, and therefore the idea of any effect from the fall was altogether rejected. Well, she was treated in the same way as in the preceding case, and in the course of time got quite well, and had not a particle of hysteria remaining. Previous to her leaving London for the country, I advised her to have the opinion of Sir Benjamin Brodie relative to the state of the spine and spinal column; and on examining these parts, we were not a little surprised to find the marks of cupping glasses, blisters, setons, and issues, all of which means had been employed to cure a disease which was purely functional. Now, these means might be employed by many skilful men, and they might be safely pardoned for such a plan of treatment; for these cases of hysterical simulation of a real organic disease are very rare, and the diagnosis between the symptoms of the functional and the organic affection are frequently very difficult to make out.

#### PARALYSIS.

I now draw your attention to a case of a very unusual and singular kind. You must all recollect the patient to whom I allude, who has lost the entire use of the upper limbs, and has a weakness of one leg. Now, in the great majority of these cases, you have disease of the vertebrae above the seat of the injury; and, on examination, you will frequently find that some part or other is painful whenever pressure or percussion is made over it, but in this case there is no symptom whatever of the kind. In the absence of these symptoms, you might be led to suppose that there was some disease of the spinal marrow; but if such were the case, there would be loss of power in the lower as well as in the upper limbs, which is not the case in this instance. This patient's urine is ammoniacal, and every part below the upper extremities appears to be sound and healthy. Such cases as these, you may well suppose, are very rare; I have seen two persons affected in this manner, and in these both the upper and lower extremities were paralysed. Now, the most effectual remedy that I am acquainted with in these cases is the tincture of cantharides, given in large doses. This patient is taking forty minims of this medicine twice a day with very great benefit.

In the reign of Charles the First there was a Dr. Greenfouard, a Dutch doctor, who obtained very great and deserved celebrity in treating cases of this kind, and he succeeded in relieving his patients when other physicians failed. But his career of usefulness was very nearly cut short, for the College of Physicians imprisoned him; but his captivity was of short duration, for the warrant proved to be informal; it should have been signed by the censors only, whereas it was signed by the censors and president. This was the last occasion on which the College of Physicians exercised the powers granted to them by law,—a piece of medical history this with which very few are acquainted. On coming out of prison he recommenced practice with greater success than ever, and wrote a book on his peculiar treatment of these cases, which

obtained very great celebrity. You thus see that, in addition to your other studies, you will have to learn the effects of medicine upon disease; you see that, in this case, I am enabled to give a patient a very large dose of a very powerful medicine, which, under other circumstances, would prove almost destructive to life. Were I, for instance, to administer to any of you a dose of the tincture of cantharides, such as this patient is taking, you would be placed in circumstances of considerable jeopardy and danger. When first I gave this medicine to this patient, I was in some doubt as to its efficacy; but I am now quite convinced that he is much better, and deriving great benefit from it. The quantity of urine secreted has much increased under the use of this medicine, and he believes that he has a greater amount of power over the paralysed limbs since he has taken it. I once attended a female servant of the Duke of Rutland, who had paraplegia, and she was treated in the same manner with the tincture of cantharides, and perfectly recovered. In cases, therefore, of this kind, where you find no evidence of affection of the sensorium, and no external trace of organic disease, you will find the tincture of cantharides to be a valuable medicine. These are some of those peculiar cases in which, as I observed before, you are enabled to study the peculiar effect of remedies upon peculiar diseases.

#### PARALYSIS FROM LEAD.

You will perceive that most of the cases which I bring before you to-day, are cases of pure functional derangement and disease. Persons who are employed in using materials in which lead enters to a greater or less extent—such as house and coach painters for instance, are very liable to attacks of local paralysis. You will remember a case of this kind in which the hand drops down, and the patient can turn it round, but he cannot lift it up. Now, the first effect of the imbibition of lead into the system is to produce colic, commonly called the colic of Poitou, because the disease first arose in that part of France. Though this name is still used to designate this peculiar disease, it is found to be prevalent in many other parts of the world besides Poitou. In Devonshire it is very commonly met with, where the cider, which is the common beverage of the county, is sometimes placed in vessels into whose composition lead enters to any extent. The first effect of lead upon the system is to produce this colic; the next effect is paralysis of one or both upper extremities, as is produced in the case before us. Should the unfortunate person who suffers from these complicated maladies still be obliged to continue at the same dangerous occupation which produced them, epilepsy will sooner or later develop itself, and insanity or death quickly closes the fearful scene. It is rare to meet with such cases of extreme severity as this, but still such cases do sometimes occur. I have treated this patient with those remedies which are most commonly efficacious in these cases, and of which I shall speak to you more fully on another occasion; his hands have been supported on splints since his admission, and he thinks that he can use them a little better than when he came in. This case is an interesting one, and is well worthy of your attention.

#### CHOREA.

There is a case of this disease upstairs, in which all the symptoms are of a well-marked character. The affection consists in an involuntary action of the muscles of the trunk and extremities. This abnormal action generally results from want of stimulus arising from a bad and deficient supply of food, whereby the blood loses much of its property of stimulation, and the muscles and nerves are deprived of their wonted healthy energy, and their action is consequently rendered weak and irregular. Mild purgative medicines to remove any loaded state of the bowels that



may exist, and occasional tonics and stimulants, are the appropriate remedies in these cases, and generally in time effect a cure. We know very little of the pathology of this disease, and we therefore suppose it to have something to do with the great sympathetic nerve, and the ganglionic system connected therewith; but about all these matters I must confess to you that we know very little, and therefore it is that I have very little to say to you about it.

## HYPERTROPHY OF THE PAROTID GLAND.

TO THE EDITORS OF THE PROVINCIAL MEDICAL  
AND SURGICAL JOURNAL.

GENTLEMEN,—Should you deem the accompanying case sufficiently interesting, will you do me the favour to insert it in your Journal of next week?

Your obedient servant,  
ABRAHAM DUKE,

Surgeon to the Chichester Infirmary.

Chichester, Feb. 10, 1842.

Sarah Mantle, aged 9 months, has, from the age of three weeks, been affected with a tumour on the left side of the face and neck. When first perceived, the parents state it was about the size of a pea, and was situated in front and below the ear; the skin covering it was not at all discoloured, but the temperature of the part was higher than natural. The swelling continued to increase rapidly, and at the end of two months it had attained such a size that the friends of the child began to be much alarmed. I saw it for the first time when it was about three months old, and the tumour then occupied the side of the face and upper part of the neck. The child appeared to enjoy good health (although somewhat emaciated) up to the age of six months, when it was seized with convulsions, which returned at irregular intervals; between these attacks the child seemed quite well, its appetite being very good, and the bowels in a regular state. On Sunday, the 23rd of January, 1842, the convulsions returning, I was sent for, and before I could reach the house the poor little sufferer had breathed its last.

An examination of the body took place the following day. The tumour had increased to an enormous size, and extended from a line drawn from the external angle of the orbit to two-thirds down the neck (the lowest part of it hanging detached, and resting on the upper part of the chest), as far back as a little behind the mastoid process, and occupying two-thirds of the cheek in front. Underneath the chin the tumour advances somewhat beyond its centre, and is studded there, as well as at its posterior part, with several small and one or two larger nevi. The tumour feels as if it contained cysts, and the superficial veins are large and tortuous. On removing the coverings of the swelling, the external jugular vein was seen to be very much enlarged, and exceedingly irregular in its course, and could be traced deeply into the substance of the tumour. A large vein, running in the course of the common carotid, but rather more superficially, was at first sight supposed to be the internal jugular; but, on opening the sheath, that vessel was found in its natural situation, but, like the external, was much increased in size. The common carotid, as well as the external, presented no marks of disease whatever; the latter was traced through the substance of the tumour, and was found occupying its natural position. On making a section of the tumour, it presented a perfectly glandular structure, and appeared to be nothing more than simple hypertrophy of the parotid gland. The head was not examined.

### REMARKS.

I have been induced to publish this case, in order to put others on their guard in forming a prognosis on

tumours in this situation. The subject of this case had been seen by most of the medical men in this city, and some of them, with myself, were of opinion that it was a case of aneurism by anastomosis, and recommended the tying of the carotid on the affected side for its removal. This, however, the parents refused to have done, and, had they consented to the operation, I am decidedly of opinion that no permanent benefit could have resulted; besides which, owing to the size of the swelling, much difficulty would have been experienced from the depth of the vessel, as well as from the number of enlarged veins in the neighbourhood. The child had not cut any of its teeth, and it was only about a month previous to its death that it began to lose flesh, and this probably was owing to so much blood having been required for the support of so large a swelling.

## CASES OF SOLAR ASPHYXIA, WITH DISSECTIONS.

By B. DOWLER, M.D., of New Orleans.

June 19, 1841. James Stevenson, a stout, muscular man, aged about 35 years, a cooper, for six months a resident of this city, ate his dinner in good health, and after walking about three hours on the Levee, complained that he could not sweat as usual; he requested one of his friends to put his hand upon his (Stevenson's) breast, which he found very hot and dry. Stevenson started home, but fell, before he reached his house, in Joseph-street. Some passers-by said that he was drunk; others, finding no scent of spirituous liquors in his breath, ran instantly for aid.

The skin was much hotter than in the most burning fever; on holding the hand near the body, a strong sensation of heat radiating from it was perceptible. The pulse was quick, gaseous, variable, and hobbling; sometimes throbbing and full, especially in the arteries of the neck; from a vein, opened in the arm, the blood trickled down at first, but started soon into a full stream, and, falling upon the hands of an attendant, he declared that it was almost "scalding hot." The breathing was irregular and laborious; the larynx, moving up and down two or three inches during each respiration, which was attended with fits of strangling, and loud phlegmy rattles, and occasionally a kind of imperfect involuntary cough, bringing a tenacious froth into the nose and mouth.

During inspiration, the expansion of the chest was very imperfect, as if the respiratory muscles had been palsied or disabled, reminding the observer, also, of a patient having broken ribs, in which full expansion or elevation of the ribs gives pain, and is, therefore, avoided.

While Stevenson's chest was comparatively quiescent, the windpipe and abdomen moved and heaved with great violence.

He was wholly insensible, and was unable to swallow; the eyelids were nearly closed, and the pupils somewhat contracted; no distortion of features; the under jaw slightly fallen; no muscular contractions or convulsions; died in an hour.

Shields, one of his companions, died at the same time, from the same disease; he lived at the same house; had been in the city the same length of time; was about the same age; followed the cooper's trade. He ate his dinner as usual, and worked several hours, and died not far from his boarding-house.

On Sunday morning, about sixteen hours after death, I examined their bodies, in the presence of a



number of gentlemen. They were as warm as in health; the faces and necks were of a dark purplish, spotted appearance; a vast quantity of bloody, mucous froth issuing from the mouth and nostrils, as is usual after strangulation, drowning, or asphyxia of any kind. At least half a pint of dark fluid blood was effused or extravasated into the cavity of each side of the chest. This blood had no appearance of clots; resembling, in this respect, the blood of persons killed by prussic acid, or by lightning. Nearly the whole of the lungs were dark, and injected with blood; the central and posterior parts, comprehending, at least, two thirds of the pulmonary substance, presenting the very astonishing appearance of an enormous black clot of blood, somewhat solid, and united by a texture, bearing no resemblance to the light, elastic texture natural to healthy lungs. On cutting several slices from the lungs, they resembled a dense black jelly, the cut surfaces appearing smooth and glossy; the substance did not recede much before the knife, as is the case in cutting in a healthy lung. More than half of the lungs must have been impermeable to the air, and these portions appeared to contain none of that fluid in the cells. By grasping them with the fingers they broke readily, in several places, into fragments, like clots; they swam in water, but sank in alcohol, and imparted to both much blood. After soaking six hours in several portions of these fluids, the pieces, when cut, presented a glossy, black, jelly-like appearance. In both these men the morbid phenomena were exactly alike.

The abdominal contents presented no diseased appearance. The heads were not examined, for want of time. The cause of death being evidently in the lungs, further examination, though desirable, was not deemed essential.

CASE III.—July 28, 1841. About seven o'clock, p.m., was called to New Levee-street, to see Robert Davis, Esq., a native of Scotland, late of Plaquemine, an engineer, aged 35, a resident in the United States for the last five years, chiefly in the south; uncommonly robust, large bones, massive muscles, and very fat. He took dinner as usual, complained of no indisposition, returned again to his hotel at five o'clock, p.m., and, though his mind was much excited at the result of a law-suit, he appeared in no respect sick. He went directly to his room, where he was found in an insensible state, just before I was called in; and, though his death was not as quick, by a few minutes, as is usual in the earlier part of the day, yet his case was so precisely marked that I thought it my duty to inform his friends that he could live but a few minutes, certainly not an hour. Skin intensely hot; pulse gaseous, quick, and variable; expansion of the chest imperfect; respiration quick, rattling, laborious, and irregular; gurgling and boiling sounds in the air passages; eyelids closed; pupils contracted, as in health, when exposed to the light; unable to swallow a teaspoonful of water; total insensibility; ice, placed on the stomach, produced no shock; no convulsive action or rigidity of any muscle; the imperfect breathing and irregular circulation alone indicated that he was alive. Having declined to do anything in the case, another physician (Dr. Young) was called; and, as a number of persons present regarded the case, as usual, to be apoplexy of the brain, and not of the lungs, as I said it was, the Doctor bled the patient. In five minutes after he ceased, all of a sudden, to breathe; the blood rushed to the face, which became livid; the fingers became slightly flexed. He was dead.

26, six o'clock, p.m. Dr. Young, of this city, made a scientific and very minute dissection. The brain was perfectly healthy. I never saw the brain of any large, fat man, dying suddenly, that was more free from blood. There was, perhaps, two teaspoonfuls of limpid water in the ventricles; Dr. Young thinks from two to three drachms, but, in either case, the

quantity does not exceed that proper to the most healthy brain. M. Magendie thinks that the quantity "cannot much exceed two ounces without producing some bad effects."—[Vide "Andral's Path. Anat.," Vol. II., p. 475.]—The abdominal organs were healthy; the heart contained fluid blood; the bronchial tubes were full of mucous foam; the left lung was a black, congested mass, two-thirds or three-fourths of which must have been impermeable to the air; the right lung was in a state of hyperamia; about one-third of its substance was congested; the residue was less infiltrated with blood, and less solid.

On the subject of solar asphyxia, Dr. Dowler makes the following remarks:—

Solar diseases require a particular arrangement or classification, which is highly important in a practical point of view. I submit the following:—

- I. Solar exhaustion or syncope;
- II. Solar or sun pain;
- III. Solar excitement or inflammation;
- IV. Solar asphyxia;

which we propose to make the principal subject of our investigation.

I. Solar exhaustion differs from solar asphyxia, both in symptoms and treatment. In solar asphyxia the skin is extremely hot, and generally dry; there is a choking sensation and a total loss of sense.

In solar exhaustion, the skin is moist, pale and cool; the breathing is easy, though hurried; the pulse is small and soft; the vital forces fall into a temporary collapse, the senses remaining entire. Horizontal position, free air in the shade, external stimulants and frictions, are usually sufficient to restore the patient. Vomiting is very useful, and is easily excited, as there is usually nausea; warm water, and if necessary, a few grains of ipecac. may be given. Vomiting appears to throw the blood from the centre to the circumference. The pulse rises.

That fatal disease of northern summers, ascribed to drinking cold water, is probably nothing but solar exhaustion, in which cold water has but a secondary agency. It happens only in very hot weather.

II. Solar, or as it is commonly called by the people sun-pain, is a chronic disease in which the abdominal organs are more or less deranged, though the most remarkable symptom is a pain in the head, while the sun is above the horizon.

III. Solar excitement, or inflammatory reaction, sometimes follows solar asphyxia of the second degree, being attended with febrile heats, arterial throbbings, and headaches.

CASE.—A cooper, while working in the sun, fell so suddenly as to bruise and lame himself considerably. He soon got up; but feeling feverish, and having pulsations in the head for several days, he tried the Thompsonian treatment without benefit. He called on me for advice. He was bled freely, which caused a long continued syncope, from which he arose cured. He took no medicine, and went to work the next day.

J. E. had been to the town of Bath, six miles distant, on the 4th day of August, 1837, in company with Dr. R. and another person; while attempting to walk back to New Orleans, upon the rails of the Nashville rail-road, not then finished, the Doctor fell sun-struck, and expired in a few minutes. The body was abandoned. The other companion of E. had not walked far, when he too fell, and died in like manner. The next morning as E. was passing opposite my door, on the sunny side of the street, he fell. I instantly bled him upon the pavement. The blood trickled slowly at first, but soon after flowed in a good stream, and the pulse, though feeble, became fuller during the operation. In a few minutes the man walked to his boarding-house, without feeling any unpleasant symptoms; but a moderate reaction coming on during



the day, cathartics were given, and by the following day his health was restored. In this case, blood-letting was probably useful, but in nine cases out of ten it is useless, if not worse, accelerating the death from five to fifteen minutes. During the last five years, I have been called to see a very considerable number of sun-struck persons, within five or ten minutes after they fell in the streets; formerly I used to bleed them, and though the great heat of the body is thereby suddenly diminished, the pulse becoming soft as air, yet by the time the arm is tied up (which is done more for form than necessity), the patient is choked suddenly, and to appearance by a dense tenacious mucus, the breathing not ceasing gradually, as in other disease, but instantly the face turning livid, and even its veins, especially upon the forehead, becoming at the moment distended. Bleeding hastens the strangulation, though it is always desired by the friends.

Without anticipating the description of sun-stroke, to be found in the sequel, I may add another variety, a sub-acute affection, beginning with solar excitement and ending in asphyxia.

CASE.—A gentleman, who was not acclimated, exposed himself to the sun until noon, when he sent for a physician, who bled him most profusely (two pounds) gave him cathartics, applied mustard on the stomach and legs, cold to the head, &c. Afterwards he walked about for some time, but in the afternoon became insensible. About sun down I was called in, and found him asphyxiated, unable to swallow, totally insensible, breathing as in sun-stroke; pulse air-like and quick; the skin hot. He did not die until late in the night. This affection lasted about fifteen hours; more than fifteen times longer than the average duration of acute solar asphyxia, which has but one stage, as truly as hanging, drowning, or suffocation from carbonic acid gas, with this difference, that in the former there is not a movement in any of the muscles, except those concerned in breathing and in circulating the blood, except, immediately before or after the last breath, when there is sometimes a very slight contraction of the fingers, and a kind of bending or turning of the body towards one side, though this is scarcely observable.

Solar exhaustion in its mildest and chronic form, that of debility, is a uniform effect of our hot season, until after acclimation. During this period, though the health may be good, the ability to perform the usual amount of labour is diminished. Even horses are debilitated, often get the *thumps*, and frequently die from solar asphyxia, during the acclimating period. This is so well known that an acclimated horse or mule is worth much more than one not so protected.

Slaves from Missouri, Virginia, and Maryland suffer as much, if not more, from debility than the whites, during the first and second summers; I have seen some whose tongues were pale and flabby, whose pulses were feeble and irregular. In these cases the muscular power is lessened; the skin is covered with an abundant, cool perspiration; and sometimes there are palpitations of the heart, not unlike those which attend organic rather than functional disorders of that organ, requiring the horizontal position, than which nothing is more important for the removal of these affections during solar acclimation.

Solar and terrestrial heat differ essentially in their action; on health the latter seems never to produce any morbid effects resembling sun-stroke, though many firemen in boats, foundries, and furnaces, are exposed to a high temperature. The solar rays may undergo some unknown modifications from local causes, independent of mere calorific influence.

In Louisiana, solar asphyxia is rather an *urban* than a *country* disease, affecting those not thoroughly acclimated to the city. The persons alluded to in the following extract were, doubtless, unacclimated:—

"In 1821, H. M. frigate *Liverpool* was proceeding

from Muscat to Bushire, the weather gradually increased in warmth, double awnings were spread, the decks kept constantly wetted, and every precaution used to prevent the exposure of her men; yet in one day, from a *species of coup de soleil*, she lost three lieutenants and thirty men. If, for however brief a period, they exposed themselves to the sun, they were struck down senseless. The frigate's main deck, at one time, is described to have resembled a slaughter-house, so numerous were the bleeding patients." (Travels by J. R. Wellstead, Esq., F.R.S., F.R.A.S., Vol. I., p. 75, 1841.)

Upon the 24th of May, 1839, after visiting a man who fell asphyxiated, in the St. Mary's Market, and who lived only twenty minutes, I called at another place to visit a patient, and, while in the house, a man of very robust appearance fell with great force upon the floor, causing the blood to flow from his nostrils freely. He soon recovered, and informed me that he had been exposed to the sun, and had fallen once before during the day, but feeling very well, as he said, he declined the offer of my medical services. I met him daily for some time after this occurrence, in good health. He declared that no pain or inconvenience attended his falls, except some bruises.

Solar asphyxia sometimes has taken place in the shade, immediately after exposure to the sun, and even as late as five or six o'clock in the evening. In several instances the patients came in at five o'clock, p.m., and fell unknown to any one, and were not discovered in their rooms for an hour or two. Attacks late in the day are not so quickly fatal as those occurring between noon and the middle of the afternoon.

If the attack happen in the hottest part of the day, it terminates in death in about half an hour. July 26, 1838, at three o'clock, p.m., when the thermometer placed against a brick wall, upon which the rays of the sun struck obliquely, stood at 130 deg., I was called to visit a paver, a stout, middle aged man, who fell in Foucher-street, near my office. I saw him within five minutes after his fall; his skin intensely hot; breathing noisy, irregular, and with subdued sobbings; unable to swallow; pupils rather contracted; eyelids nearly closed; pulse extremely variable, irregular, and quick. A vein being opened, the blood jetted and stopped alternately, the pulse becoming gaseous as the blood flowed. Ice water was poured upon the head and neck; a mustard paste was spread upon the body. He lived thirty minutes, expiring upon the pavement.

If the attack should happen late in the afternoon, it may last from one to two hours, or even longer; I have had at least five to six cases, in as many years, where persons have not long before sunset quit work on account of the heat, rather than from any sickness; they have returned to their rooms, when, an hour or more after, they have been found accidentally, in a dying state from solar asphyxia, not having made any noise to arrest the attention of the family.

The most usual place of attack is among paved streets and brick walls, or upon the levee, where there is no shade. The structure of our wharves and levees would admit of many shade trees, without interfering with the utilitarian cravings of commerce. Such an improvement would be alike ornamental and useful.

Almost the only persons subject to this malady are white males, who labour in the sun, and who have not passed through the acclimating period of three or four years. I never saw but one negro die from this cause. He fell in Julia-street, August 2, 1837, and lived about an hour. He was very stout, but I do not know whether he had been acclimated. A negress, while at the washtub, was struck down. I found her senseless, speechless, and breathing with some difficulty, but she retained the power of swallowing, and, by the use of cathartics, sinapisms, and blisters, recovered in two days.

It is often impossible to get exact histories of the



premonitory symptoms. In some instances the patient has not probably had any. The history of the case is something like the following:—He had eaten his dinner as usual at noon; urged by his wants or love of gain, he went forth to brave the heat of the sun. The walls, roofs, and pavements, now heated to the utmost radiate an intense heat; the temperature exceeds that of the human body, from 30 deg. to 40 deg. The labourer, perhaps, wears a thin straw hat, and has his hair cut close, in order to keep the head cool; this, in fact, exposes the head to the solar influence much more than a thick coat of hair and a wool hat would do. From the same false theory he wears a thin cotton shirt, which is the only garment with which his chest is covered, and which, when saturated with sweat, affords but a feeble resistance to the conduction of heat into his body. Now placed in an atmosphere 30 deg. or 40 deg. hotter than his body, it is plain that a blanket coat, or, still better, two shirts, one of good thick flannel or wool, next the skin, and one of cotton over the other, would be a great defence against the sun, affording the coolest kind of dress, except to such persons as are in the shade.

Thus thinly clad, the labourer engages at the hard exercise of rolling cotton bales, loading or unloading ships, cooping, digging, or paving. The exercise increases the influence of the atmospheric heat; he finds his skin becoming hot and dry; the next instant he falls, or perhaps he may conclude "to knock off" from work. He proceeds homeward, a square or two, before he drops to rise no more; the passers by collect around him; some run for a doctor, some apply ice to his head, and the first bleeder that can be had performs blood-letting. From the total loss of sensibility in the patient, the first impressions of the physician lead him into the belief that the malady is apoplexy. Of this, more hereafter.

The patient's mouth is found rather open; the under jaw has fallen; a tenacious mucus appears between the lips and in the nostrils; the breathing is irregular, unequal, laborious; the chest, not expanding and contracting well, reminds the beholder of the voluntary efforts which patients sometimes make in fractures of the ribs, and pleuretic or rheumatic inflammations, to prevent the movements of the chest, necessary to full breathing. The windpipe moves violently up and down, the abdomen and diaphragm rising and falling simultaneously. The breathing is noisy, but not stertorous. The sound may be heard several yards from the patient. Just below the clavicles, the sounds, as heard through the stethoscope, are very remarkable. Some are acute, some are dull, with a puffing or roaring sound. By applying the hand to the chest, a bubbling or boiling could be felt beneath. As death approaches, these noises recede from the extreme branches of the windpipe, and occupy the upper proportions of that tube. At length the accumulating mucus obstructs the passage; an involuntary effort is made to breathe, but in vain; yet sometimes, as in the fatal moment of croup, one or two additional respiratory movements take place. Almost always the breathing stops *suddenly*, by a strangling fit. Often at the instant of death, or at the instant after the cessation of respiration, the face turns almost black, and the veins of the forehead swell, as if a violent effort was being made to get another breath. Before breathing ceases, retchings sometimes take place, or a kind of strangling cough, or an inarticulate moaning, like that from some of the dumb animals when in pain; or perhaps there is a kind of suppressed sobbing or sighing, like that caused by sudden immersion in cold water. Yet, in everything except respiration, death takes place with the utmost tranquillity, not being accompanied with spasmodic or convulsive distortions, so common in fevers and affections of the brain. Be it what it may, the cause of death begins, continues, and ends in the breathing apparatus.

The pulse is hurried, hobbling, and unequal, very often gaseous or air-like, but never slow, hard, and large, as in apoplexy and some other diseases. The external veins are not full, and the arteries at the arm are easily compressed by a ligature. When a vein is opened, the blood sometimes trickles, then starts in jets, stopping and starting several times. As the blood flows, the pulse becomes more and more gaseous, the heart diminishes, perspiration begins, and strangulation almost immediately follows.

From the commencement of the disease, the power of swallowing is totally gone in almost every case. Whatever is poured into the mouth runs out or rattles in the throat, according to the position of the body. I have given a mixture of mustard and salt, or ipecac.; but I am now satisfied that to put anything into the mouth is not only useless, but positively hurtful, as it often drops into the windpipe. The eyes are not projecting, discoloured, or rolling, but generally maintain their parallelism, though they are sometimes turned upward; they are less closed than in sleep; the pupils are perfectly natural; the power of winking is totally lost; the eye is lustreless, and expressive of a dying state. The patient is usually found lying on his back; he has no power to change his position; his neck, body, and limbs are free from rigidity or motion throughout the attack. In the act of dying, I have noticed a slight curving of the body laterally, with a feeble contraction of the fingers. In solar asphyxia, the symptoms, and the manner of death, are more uniform than in any other malady. The heat of the body, both before and after death, is a most remarkable circumstance. In the hurry, incidental to a death so sudden, I have not had an opportunity of applying the thermometer, to ascertain the exact temperature; but, judging from the sense of touch alone, it would seem much greater than in the hottest fevers. The heat may be felt, radiating from the patient's body, at the distance of two or three feet. In cases where the patient has not been bled copiously, the heat is very pungent. The heat of the body continues, generally, many hours after death, including the whole night. This is the more remarkable, as our nights are not hot and sultry, but accompanied with breezes, which, by morning, cool even the walls and pavements.

After the death of the lungs, or the cessation of respiration, the heart and arteries will, in some instances, continue to act.

CASE.—Mr. C. died of solar asphyxia, on the evening of July 24, 1836. About an hour after he had been laid out, two messengers called on me to visit the corpse, which was supposed to be alive. I found the body as warm as at death, though it had since been washed. I found a slight pulsation at the wrist, and a feeble motion of the heart. Dr. Young, of this city, was lately called, under similar circumstances, about two hours after breathing had ceased, from sun stroke. He found the body very hot, and, as he thought, slight motion of the heart and arteries. I dissected two bodies at the same time, that had died the day before, and found the heat of the trunks about equal to that of a person in health.

After death, the face and neck become of a blackish, or purplish, spotted hue; a mucous foam, often mixed with blood, begins, soon after death, to issue from the mouth and nostrils, and is very copious, in many cases, the day following.

IV. *Solar Asphyxia, or coup de Soleil*, has long been regarded as apoplexy; the entire loss of the senses—the universal paralysis—all seem at first view to sustain that common, but erroneous, opinion. In the worst cases of apoplexy the patient is not always instantaneously deprived of volition, feeling, and motion. The apoplectic, in the early stages of the malady, may be awakened, and can answer, though not able to speak more than a word or two. He will generally open his eyes on being spoken to; can swallow, and



will start from the lancet, or the application of ice; and he possesses some power to move the muscles. Nothing of all this happens in solar asphyxia. Effusion of blood upon the brain, extravasation into its ventricles or substance, as well as congestion, are much more gradual in their effects. The depression of large portions of the skull, and the presence of enormous clots of blood upon the brain, do not destroy all sensibility. In trophing the skull, while the patient seemed in a deep, snoring sleep, I have sometimes found it necessary to cause his hands to be held down, as he evidently felt pain from the operation.

The worst cases of apoplexy last from twelve to twenty-four hours generally; solar asphyxia, as many minutes. Apoplexy affects one side, or half of the body, with palsy, and sometimes is attended with convulsion. After the apoplectic fit goes off, the palsy often remains; sometimes permanently. Nothing of the kind occurs in solar asphyxia. In the former, the breathing is infrequent and snoring; the pulse is slow and hard: in the latter, the breathing is quick and rattling; the pulse rapid and gaseous. The former happens to the rich, the luxurious, the sedentary, the corpulent, the plethoric, those who have thick, short necks; the latter happens to the poor, the labourer, the exposed, who undergo hardships. The former happens in cold weather and in hot, in the day time and at night; the latter only in hot weather, and during the day. Solar asphyxia has no premonitory symptoms, except a sudden heat, and dryness of the skin; neither headache, scintillations, or any cerebral affection. Apoplexy has well known premonitory symptoms. The following passage is taken from the April No. (1841) of that treasury of medical science—Johnson's Med. Chir. Rev.—and is illustrative of this position. "Napoleon, who dreaded apoplexy, asked Corvisart, his first physician, for some information respecting this disease. Sir, replied Corvisart, apoplexy is always dangerous; but it is *always* preceded by certain symptoms; nature seldom strikes the blow without giving warning. A first attack, which is always slight, is a *summons without costs*—*somation sans frais*;—a second, *summons with costs*—*somation avec frais*;—but a third, is an *execution on the person*—*prise de corps*. Corvisart himself afforded a melancholy proof of the truth of his assertion."

Solar asphyxia is probably an universal lesion of the nervous system, but more particularly of that part which is necessary to the pulmonary circulation. The blood which suddenly accumulates in the lungs, ceases to be arterialed; it gorges not only the blood-vessels, but infiltrates the pulmonary substance, forming the most perfect example of hyperæmia, and even penetrates the coverings of the lungs—*pleura pulmonalis*—and is copiously effused into the cavity of the chest, as I have seen several times. In this contest, the lungs are, probably, throughout the attack, in a collapsed or passive state, permitting the blood not only to distend its proper vessels, but to permeate readily throughout the pulmonary texture, until the lung is, perhaps, one-fourth heavier than is usual. Whether the pulmonary congestion be the primary or secondary condition of insolation, I will not say; but I must remark, that of all morbid appearances of a congestive character, this is the least equivocal, so far I have examined. Here nothing is ambiguous; the congestion and hyperæmia are truly wonderful.

Although physiology teaches us that man is endowed with the powers of maintaining the same heat of his body in all climates and situations, with few exceptions, still it is possible, under peculiar circumstances, that the body may become actually heated. A chemo-vital refrigeration, by means of perspiration or evaporation, is constantly going on—in health, especially—in hot climates. The "fire-kings" themselves, when in a heat of 500 deg. or 600 deg., would roast and turn into cinders, were it not for this refrigerating

process, in conjunction with a vital energy, which for a time neutralises the accumulating power of caloric. The solar heat probably accumulates upon the surface of the body faster than nature can refrigerate through the lungs and the skin, by evaporation; inequilibrium presses upon the vital energy, which, being exhausted in the contest, as well as by excessive labour, is unable longer to neutralise the excess of temperature—often 40 deg. more than that of the body. Vital chemistry is unequal to the task of preventing the conduction of heat into the body, and death is the consequence.—*New York Medical Gazette.*

## CASE

OF

## ABSCESS OF THE LIVER MISTAKEN FOR PHTHISIS.

By SAINT JOHN HUDSON, M.R.C.S.

It is now more than a quarter of a century since Laennec immortalized his name by his most valuable discovery of the stethoscope, and yet, notwithstanding the various improvements in the diagnosis, and, consequently, the treatment of diseases of the chest, it has afforded medical men, how many practitioners will even at this period be found, who either fully or ignorantly are total sceptics to its use! Not long since I was in conversation with a surgeon (in extensive practice) relative to the use and abuse of the stethoscope, during which I found he did not place much reliance on it as an instrument of diagnosis. He told me that he had a case of *phthisis*, then under his care, which he expected would terminate fatally ere long, and, if I wished, he would let me see it, to which I consented. As I considered the case one of very great importance, I took notes of it on my return home, which, however, are not very minute, as several days elapsed before my return; they are as follows:—

F. G., aged 38, a farmer, has been a hard drinker lately, his beverage being chiefly cider; has been ill for several months, but did not keep his bed until a month ago; he is much emaciated; his countenance exhibits more the appearance of disease of the liver than the lungs; the conjunctiva is of a yellowish tint and the eyes sunken; the cheeks have a peculiar hectic hue; the tongue moist, but streaked with yellow in the centre, and slimy; pulse 110, easily compressible; urine scanty and of a porter colour, depositing a thick sediment over the sides and bottom of the vessel; complains of very little pain over the region of the liver on pressure; no apparent fulness, nor has he had much pain from the first of the attack; fæces of a dark olive and hard; has very profuse night sweats; the breathing short and quick; he has also a short troublesome cough with an expectoration of a very thick and viscid mucus. In exploring the chest, by percussion, I found the sound at the left side perfectly natural, and at the upper two thirds of the right also healthy, but the lower third yielded a very dull sound during his usual mode of respiration; on making him take a deep inspiration, which he did with much pain, the sound was perfectly clear; I then examined him with the stethoscope, and gained the same results; this appeared to me very strange; I repeated several times both auscultation and percussion, the effect was the same. After some reflection, I considered the case could not be one of phthisis, if we are to give credence to Louis, Andral, and others who have written on that disease.

I set it down as a case of chronic inflammation of that portion of the liver adjoining the diaphragm, which was about very shortly to terminate in an abscess, and probably would be fatal. My diagnosis



(unfortunately for the patient) proved to be true, for in less than a week the abscess burst; the patient coughed up a large quantity of dark matter mixed with bile, and in two days after he died. On examining the body, a large opening was found communicating with the diaphragm and lungs, through which the matter made its way.

A few observations on this case may not prove uninteresting to many, particularly those who do not use the stethoscope. In the first place, had the case been properly diagnosed, the treatment would have been far different, and probably the patient might have been now alive. In the next place, the happiness of a whole family, a large one too, was materially disturbed, for the medical man had prophesied that the children would no doubt inherit the father's disease. This case could not possibly have been discovered during life without the aid of the stethoscope, for the disease of the liver was very obscure, while that of the lungs was apparently the most severe, whereas the latter was sympathetic of the former, for the enlargement of the liver pressed upon the lower portion of lung, and consequently the respiratory murmur was inaudible there; but on a forcible inspiration the liver was pushed down, and the lung again received its due portion of air; hence arose the very complex stethoscopic symptoms which developed themselves during the examination. I cannot conclude the history of this interesting case without publicly bestowing my meed of humble though sincere praise to Dr. W. Stokes, of Dublin, who may well be designated the Laennec of the present day, for he has added much to the science which that great man first founded. The attention and kindness which Dr. Stokes bestows on his pupils at the bedside and at lecture, will at all times render him dear to them, for there is no trouble spared by him during his daily attendance at the Meath Hospital; his only wish is for the advancement of his pupils. I have had the good fortune to have been a student under him, and, therefore, can speak of his attention from experience. The treatment which I suggested to my friend was constant poultices of linseed meal over the region of the liver, together with hot fomentations, also quinine and port wine.

Wells, Somerset, Jan. 24, 1842.

## PERFORATION OF THE STOMACH BY A WORM—PERITONEAL INFLAMMATION— DEATH.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND  
SURGICAL JOURNAL.

GENTLEMEN,—I beg to send you the particulars of the above case, should you deem it worthy of insertion in your pages.

I am, Gentlemen,

Your obedient servant,

Upton-on-Severn, RICHARD CHAMBERS.  
Feb. 6, 1842.

Louisa Bayliss, aged 8, complained on the 19th of January of being rather unwell. Her mother applied to me next day, and, from the symptoms she described, I considered that the child was suffering from worms, and accordingly prescribed the following:—

Calomel, three grains;

James's powder, and aromatic powder, of each one grain. To be taken at night.

Infusion of senna, four drachms;

Sulphate of potass, and supercarbonate of soda, of each one scruple;

Rhubarb, four grains;

Aniseed-water, four drachms. A draught, to be taken on the following morning.

She experienced so much relief that no further application was made to me, and she continued apparently quite well till the 30th, when she again complained, about noon. The mother, supposing it was an attack like the first, gave her a portion of the former draught that remained in the bottle; and also a little magnesia and rhubarb; towards evening she became worse, and vomited large quantities of a dark coloured fluid; she complained of incessant thirst, but the stomach rejected everything immediately it was taken; she continued to get worse, and died about five o'clock on the following morning.

From the sudden nature of the child's death, coupled with the belief that she had never been kindly treated by her mother, various reports prejudicial to the latter were circulated; in consequence of which it was deemed advisable that a judicial inquiry should be instituted, and, in obedience to an order from the coroner, I this day made a post-mortem examination of the body in the presence of Mr. W. Cooper and the child's aunt.

Externally the body presented a healthy appearance; on cutting into the peritoneum, I found the intestines completely covered by a quantity of bloody serum; on removing which, the first thing that presented itself was a large worm (*ascaris lumbricoides*) lying upon the omentum; on extending the examination, I discovered an opening in the anterior surface of the stomach, about two inches from its pyloric extremity; the entire surface of the peritoneum was deeply injected, and of a most vivid redness.

## ROYAL COLLEGE OF SURGEONS.

### HUNTERIAN ORATION.

The Hunterian oration, for the present year, was delivered by Mr. Babington, of St. George's Hospital, in the lecture theatre of the College on Monday last. As usual, the tickets announced that no admission would be allowed after the clock struck five; and, with the exception of one very tall, uninteresting looking person, who intruded himself by the back door after the oration was half finished, the benefit of this arrangement was universally acquiesced in by being strictly observed.

At two minutes before five o'clock, to the tick, Mr. Guthrie, the President, for the year, of the College, took the chair with his accustomed military precision and punctuality. He was supported by Mr. Travers, Mr. Lawrence, Mr. Vincent, Mr. White, Mr. Bransby Cooper, Mr. Stanley, Mr. Fergusson, and Mr. Callaway.

At this moment the whole arrangements presented the most lively scene. Mr. Stone, having laid down his truncheon, retired with the most becoming dignity. The venerable Mr. Clift occupied his usual position on the left of the orator; and it gives us much gratification to state, that the same ruddy glow of health and satisfaction, as on the many other similar occasions we have had the pleasure of seeing him, animated his benevolent physiognomy. His son-in-law, Professor Owen, was also present, and occupied an unostentatious position in the body of the building. On our way to the lecture theatre we were encountered by Mr. Bel-four, who, we need scarcely say, added his mite to the general effect.

Mr. Babington has been admitted, by most persons who have heard him lecture on surgery, to be devoid of fire, energy, or originality in the execution of such duties; in short, to be a prosy, soporiferous lecturer; yet, true as this is, it is singular enough, that these very disqualifying peculiarities as a teacher do not in any remarkable manner unfit him for the duties of a Hunterian orator. There is a solemnity connected with an occasion of this kind which forms a remarkable ex-



ception to the other meetings which take place within the walls of the College of Surgeons—a solemnity not alone arising from the contemplation of the loss of one, who endeared himself to all by his many virtues, but also from the contemplation of the imperishable temple to science he raised with his own hands. The sombre appearance of Mr. Babington, his well-digested written discourse, his toga, his slow solemn annunciation, and his very gait, all contributed to produce the best effect.

The oration was a better one than we have heard for some time; if it was devoid of the imagery and verbosity of a Joseph Henry Green, it lacked not the merit of being every bit as classical, and in simplicity of style, and indeed elegance, it far excelled any Hunterian oration for the last dozen years.

Mr. Babington commenced, as usual, by dilating on his own unworthiness to do justice to the task he had undertaken. He drew a rapid sketch of what Hunter had effected for medical science, and contrasted his labours and discoveries with those of his brother, Dr. William Hunter. The latter educated, and eminently fitted to advance the science of the profession he embraced, left nothing behind him in the way of publication but his work on the "Gravid Uterus," which Mr. Babington did not deem worthy of the great expense which must have been incurred to bring it out; the former, uneducated, struggling with pecuniary difficulties, and engaged in the early part of his life in pursuits of a mechanical kind, not only left after him many valuable volumes on surgery, anatomy, physiology, &c., but also raised an imperishable monument in the museum, which bears his name; and which, considering the immense cost to a poor man of purchasing, and the labour to bring it to perfection, may be truly called a gigantic work. After complimenting the council of the College of Surgeons on their great liberality in instituting scholarships, professorships, and so on, Mr. Babington concluded a most interesting discourse, by paying a well-deserved and well-earned compliment to Professor Owen, whose kindred spirit in the prosecution of comparative anatomy and physiology well-fitted him to explain the nature of the preparations, and the objects for which they were preserved by his great predecessor Hunter.

#### PROVINCIAL

### MEDICAL & SURGICAL JOURNAL

SATURDAY, FEBRUARY 19, 1842.

From the improved tone of the later reports of the poor-law commissioners, and the admissions made on the part of some of their assistants, we had hoped that the disposition, so openly manifested in their earlier transactions, to tyrannise over the medical profession, had received a check. We had hoped that, notwithstanding many of the injuries which medical practitioners have received at the hands of the poor-law authorities are still felt, yet there was a growing disposition to listen more favourably to their just complaints, and that a repetition of insults to the profession, and direct injury to the poor, similar to those which characterise the commencing operations of the commissioners, would not be attempted. It seems, however, that we had not sufficiently appreciated the necessary consequences resulting from the glaring blunders committed by the commissioners, in their public capacity, during the first years of their office.

Man is essentially an imitative animal, and the lower the degree of civilisation to which he has attained—the less of the intellectual there is in his constitution—the more does he manifest this brute instinct of his nature. Accordingly, we ever find ill-informed and grovelling minds ready to take up with the bad example of those above them, and to imitate the worst features of their conduct.

The wretched condition of a servant of servants is a proverbial observation, and there is no tyranny so intolerable, because there is none so severe as that exercised by the man who is or has been himself a slave. In our estimate of the crying evils arising out of the bad administration of a bad law, we had not sufficiently allowed for the mischievous effects of the moral contagion which spreads through all the inferior functionaries upon whom the working of the measure depends. The contumely shown by the commissioner, and his neglect of the real interests of the poor, are imitated by the subordinates of every degree, from the peripatetic assistant to the boards of guardians, the master and other authorities of the workhouse, and even the relieving officers. Not many months back it came to our knowledge that one of these last functionaries—a person professing the trade of a village cobbler, or some equally intellectual occupation—actually assumed to himself superior consideration over the medical officer, because, forsooth, he received a higher salary, was better paid for his services (which was true to the letter), and consequently must be entitled to exercise the authority of station over the less fortunate man of education and intelligence, with whom he was thus thrown into contact. The impertinence is unworthy of notice, were it not the necessary result of the principle adopted by the higher authorities in their transactions with the union medical officers. The example originally set by the superiors is taken up by the whole tribe of underlings, and will continue to be acted upon by the ignorant and illiberal, long after more just notions shall prevail, and more equitable arrangements be adopted at head quarters.

It is to this cause only—the continued operation of the many mistakes and blunders, to call them by no worse a name, originally stumbled upon by the commissioners in their attempted arrangements for the medical relief of the sick poor, that we can attribute the insult and injustice complained of in the following letter. The writer addresses the secretaries of the Provincial Medical and Surgical Association, by whom the letter has been transmitted for insertion in the pages of this Journal:—

"Carnarvon, Feb. 1, 1842.

Gentlemen.—I beg to draw your attention, and that of the Council of the Provincial Association, to the appointment of a union medical officer in this town on Saturday last. I had held the appointment for upwards of three years, and, on my resigning it, Mr. Haslam and Mr. Walkin Roberts (the former a much respected practitioner of eighteen years' standing, and Mr. Roberts, a young man in partnership with the senior surgeon in the place) ap-



plied for the situation; but the guardians have thought proper to elect a Mr. Beattie, who is now living at Macclesfield, in preference to them, and the reason they give for passing over the resident medical men is, that neither Mr. Haslam nor Mr. Roberts canvassed them for their votes; they thought it sufficient to write to the board to offer their services on the same terms that I gave mine. Thus the poor will be committed to the care of a medical man whom they have never seen, and a stranger introduced into a town which is already too full of medical men.

We have all memorialised the commissioners, requesting them not to confirm the appointment; and I hope it will be considered a proper case for the attention of the council of the Provincial Medical Association, and that it will assist us in our object.

I am, Gentlemen,

Your obedient servant,

ROBERT JONES.

To Dr. Hastings and Mr. Sheppard."

Thus, because the resident medical practitioners of the town, well known to the inhabitants generally, possessing the confidence, it may be fairly presumed, both of the paymasters and the poor, do not stoop to solicit individually the votes of the guardians, or to lay themselves under a fancied obligation for an appointment, the services entailed by which, it may be safely assumed, are most miserably remunerated, but content themselves with sending in the same terms as those upon which the office had been served by the retiring practitioner, a stranger is to be brought from a distance to compete with them in their private practice, and the poor are to be consigned to the care of an individual whose qualifications are equally unknown to themselves, to the inhabitants of the town, and to the body of men who appoint him. We trust that the commissioners, as the only reparation which they can now make for conduct arising out of the practices originally adopted under the sanction, and indeed by the recommendation, of their own immediate agents, will reprimand this flagrant violation of property, refuse their sanction to the appointment, and direct that the vacant office shall be filled up by a tried person, of whose competency and skill both the paymasters and the poor shall have had some experience.

We last week made some observations upon the mode of election to medical offices. Perhaps no better illustration could be given of the necessity of there being some general understanding in the profession, as to the regulation of these matters, than the transaction here alluded to. It is obvious that the medical practitioners of Carnarvon adopted the most dignified and independent course of proceeding in respect to the appointment in question. They do not canvass for the vacant office, but simply announce themselves as candidates, and send in their offers to undertake the duties on the same terms as those formerly allowed, leaving it to the guardians, unbiassed by solicitation or influence from without, to select the most eligible.

But this mode of proceeding—the most honourable, the fairest, and the best which could be had recourse

to—does not satisfy the board. The individuals composing it are, forsooth, possessed of a little brief authority; they are invested with patronage, and, disregarding the real object before them, the providing the most suitable medical advice and relief for the sick poor, they resolve themselves to taste the sweets of power, and make others feel its force. Each one among them must be solicited for his individual vote and interest in the disposal of an office worthless in itself; and, in default of this display of obsequiousness, they send to a distance for a candidate who has more suppleness in his disposition, who is better versed in the arts of the sycophant, and is prepared to perform his part of bowing before the footstool of these worthies, more after the approved fashion of the Chinese court.

Now, the whole of this absurd display of arrogant folly and conceit, fitted only for the atmosphere of the Celestial Empire, together with the manifold wrongs inflicted on the sick poor, and the entire series of unjust and illiberal dealing of which the members of the medical profession complain, arises from the misconception and ignorance manifested in regard to medical relief in the very outset. The required relief for the sick poor should either have been openly and at once refused under the Poor-law Act, or it should have been effectively and liberally provided for. Instead of either of these clear and easily understood principles being acted upon, we find a miserable pettifoggish attempt at mystification in which the shadow of relief is promised, but the substance of it partially withheld, or granted at the expence of others. Medical relief is to be allowed, but the arrangements under which it is to be provided are such as, but for the disinterested and unwearied exertions of the medical officers, must have proved altogether fruitless. Districts of unwieldy extent, embracing a large amount of pauper population; salaries calculated upon so low a scale as barely, if at all, to cover the unavoidable expenditure, leaving the time and skill of the medical officer altogether unremunerated; threats of competition in private practice, to compel the actual medical residents to perform the duties of union officers, and with the view of bringing down their salaries to the lowest possible amount; still further competition attempted to be forced by the introduction of the system of tenders; in short, the adoption of every artifice which the most ingenious could devise, or the most disingenuous put into practice, to attain the one main object.

Were a stranger to our institutions to be informed of the high pretensions of this country to advanced civilisation; to be instructed in the system of our polity, our arts, and manufactures; to be told of the wealth acquired by individuals, and revenues accruing to the state through the successful cultivation of these; and at the same time to become aware that, from the unavoidable fluctuations attendant upon such a state of enterprise, much distress must, from time to time, arise among the working population, he would surely conceive that some means should be devised by a wise and paternal government, to provide relief for the

artisans and labourers, and their families, during the periods of depression, and especially when sickness or infirmity should incapacitate them from supporting themselves. Were he to be further informed that there was a law provided for this express purpose, would he not expect that the main object of this law should be the real benefit of the destitute, the disabled, and the sick? Unhappily, however, the mercy of the state is not of that heavenly description characterised by our national bard as twice blessed—blessed to him who receives, and to him who gives. On the contrary, it is doled out with unwilling hand, and the law under which it is distributed is framed, according to its interpreters, with the avowed purpose of discouraging, to the utmost, the application for succour, until the succour to the really deserving often comes too late to save.

The professed object of this law is indeed the relief of the destitute; but profession is not principle, and the real object sought to be attained is, without dispute, the diminution of the poor-rates. And to attain this end, it would seem that those who have had the working of the law, to use the memorable words of a state minister of former days, have employed every means which God and man have placed within their power. They have not, it is true, hunted down the wild denizens of the woods in a foreign and savage land with bloodhounds, but they have withheld from the destitute and suffering poor of their own country the relief required, until the gnawing pangs of famine have driven him to accept of it under conditions at which genuine humanity revolts.

The general practices followed in the workhouses have become known by the examples afforded in the Bridgewater, the Sevenoaks, and the North Dublin unions. We could, were we so disposed, instance others which have not yet become of equally public notoriety. But in respect of the medical arrangements, it might be presumed that here, at least, the object was purely to afford efficient relief to the destitute sick at the public cost! Nothing of the sort—the real object, whatever may be expressed here, as in other parts of the system, is to save the public purse. Accordingly, with every impediment which the amount of labour thrown upon the medical officer, the difficulty of procuring orders for attendance, and the time lost in traversing the whole length or breadth of districts, many miles in extent, for the order for relief, for the medical officer, and for the medicines, could raise, we find that, after all, the services rendered, are mainly, at least as far as regards remuneration for time and professional skill, at the expense not of the public, but of the medical officer himself.

The duties of the medical officer are, we know, in spite of every temptation which self-interest can throw in the way, for the most part conscientiously and ably discharged; but this is to be attributed to the humanity and high principle which, as a body, characterise the medical profession—certainly not to any adequate remuneration for their services which its members receive. But now we have a new impedi-

ment devised by the ingenuity of the Carnarvon board of guardians. They must be personally canvassed, and the medical practitioner, who, desirous to secure himself from unnecessary competition, from motives of humanity, the wish to extend his usefulness over a wider sphere, or the prospect of some remote personal advantage, consents to give his time and employ his skill for a mere nominal remuneration, is now to be required to undergo the degradation of canvassing votes and soliciting the exercise of influence on his behalf. It cannot be doubted but that the treatment which the union medical officers receive has a direct tendency to lower their respectability as members of a liberal profession, and at the same time, therefore, as a natural consequence, to prevent many of those, who are eminently qualified, from giving their services to the parochial authorities. Such a regulation as that adopted by the Carnarvon board of guardians must tend still more to degrade the class, and, unless some alteration take place, it will ultimately be found that none but the very inexperienced, or those of very inferior attainments, will accept of the appointments. This is a consummation, whatever may become of the poor-law, with all its odious provisions, most earnestly to be deprecated. We trust, therefore, that every effort will be persevered in to get rid of the injurious operation of the law, should it be re-enacted, or the arrangements for affording efficient medical relief; and that the attempt will again be made to obtain a medical commission, and to emancipate the union medical officers from the control of the present incompetent and ill-advised authorities.

## REVIEWS.

*An Inquiry into the Nature and Pathology of Granular Disease of the Kidney, and its Mode of Action in Producing Albuminous Urine.* By GEORGE ROBINSON. London: Churchill.

The object of Mr. Robinson's monograph is to show, from the causes, symptoms, pathology, and conditions of the urine in granular kidney, that the disease depends on various forms of inflammation of the organ. The style in which this pamphlet is written, and the matter contained in it, are highly creditable to the author. From various considerations, Mr. Robinson is disposed to consider the granules as the product of active congestion or inflammation of the kidney. In the acute stage of the disease, the connection between the supposed cause and its effect is more easily traced than in the chronic. In this latter the author is disposed to regard the granules as enlarged Malpighian corpuscles.

These corpuscles, says the author, "are described as composed nearly entirely of the convolutions of minute arteries, the terminal ends of which leave them to ramify on the tubuli uriniferi: whenever, therefore, any obstruction to the circulation through the capillaries of the renal vessels occurs, either from some cause impeding the return of venous blood, or from increased action of the renal arteries forcing in fresh blood quicker than the capillaries can accommodate themselves to the quantity, it is evident that these minute arteries, which are probably of considerable length, and through which a considerable quan-



tity of blood will have to pass, must contain a greatly increased volume of that fluid, and that their enlargement must produce a corresponding increase in the size of the corpuscles, which are chiefly formed by their convolutions. There seems to be a well-marked analogy between the enlargement of these bodies in chronic nephritis, and the increased size of the acini of the liver in chronic inflammation of that organ; in both cases these minute parts are made up of vessels, and the same explanation of the change effected by continued congestion is applicable to either. The chief points, then, on which I would rest this opinion are the two following—viz., the similarity existing between the granules in the diseased and the Malpighian bodies in the healthy kidney as to situation and distinctness, both being confined to the cortical substance, and most evident on its surface; and, secondly, the possibility of explaining their enlargement and change of colour by the ordinary theory of inflammation.”

In order to confirm these views, Mr. Robinson tried the effect of injecting various coagulating agents into the renal vessels, for the purpose of seeing whether the morbid appearances of granular kidney could be produced in the healthy organ. When diluted nitric acid was injected into a sheep's kidney, the granules on its surface became quickly enlarged, and the intergranular substance was gradually changed to a yellowish white. When the injected acid was three times more diluted than in the former experiment, the appearance of the kidney precisely corresponded with the condition of that organ in subacute nephritis.

Hence, says the author, “if a granular appearance of the surface, similar to that met with in disease, can be produced in a healthy organ, by distending the granules naturally existing there, and at the same time decolourising the blood they contain, is it not fair to conclude that the granules seen in chronic disease are the natural ones enlarged and otherwise altered by the slow operation of the same agencies, though effected by nature with different means? And as the interstitial deposit produced in the healthy organ by the coagulation of the albumen present in its cellular tissue exactly resembled in its colour, consistence, and other physical properties, the deposit met with in one form of the disease, are we not justified in assuming their identity till such time as chemical analysis, or other satisfactory mode of inquiry, shall establish their distinct and separate nature?”

These views are further developed by the author in a series of illustrations, to which we cannot refer here, but which we would recommend to the serious attention of the reader.

*A Treatise on Dislocations and Fractures of the Joints.*

By SIR ASTLEY COOPER. A new edition, much enlarged. Edited by BRANSBY B. COOPER. London: Churchill, 1842. Svo, pp. 576.

Of the merits of Sir A. Cooper's original work on Dislocations and Fractures of Joints, it is unnecessary for us to say a single word. Praise from the pen of any writer of the present day could add nothing to the honour acquired by the greatest of English surgeons. Besides, the Treatise on Dislocations is so familiar to the profession, that any critical notice of it would be an useless repetition of facts and principles, which are treasured up in the memory of every practitioner throughout the kingdom. We shall, therefore, content ourselves with briefly pointing out the main features which characterise Mr. Bransby Cooper's edition of his uncle's work. The form of

the work has been changed from quarto to octavo, and in its present shape it constitutes a handsome and, at the same time, conveniently sized volume of 576 pages. The plates of the quarto edition, reduced in size and cut on wood by Bagg, are incorporated with the text, each wood-cut being placed in immediate connection with the portion of text which it is intended to illustrate. Besides these, several other illustrations have been introduced by the editor. It is impossible to speak too highly of the excellence exhibited by Mr. Bagg in the execution of the woodcuts; they are, to use the words of Mr. Bransby Cooper, even more graphic and perspicuous than the originals. In number they amount to nearly one hundred and fifty.

The matter contained in this edition has been increased considerably by cases derived from the editor's practice, papers communicated by the numerous professional friends of Sir A. Cooper, and by much new matter which was derived from Sir Astley himself. In the selection of this additional information, the editor seems to have been guided by the practical spirit which dictated all Sir Astley Cooper's publications; and the best encomium that we can pass upon it is, that it is not easily distinguishable from the original.

In conclusion, we have to remark that this excellent and beautifully illustrated work is published at the moderate price of one pound.

*Catalogue of the Preparations illustrative of Normal, Abnormal, and Morbid Structure, Human and Comparative; constituting the Anatomical Museum of George Langstaff.* London: Churchill, 1842. pp. 518.

This Catalogue has been published preparatory to the sale of Mr. Langstaff's extensive anatomical and pathological museum. It contains a list of 2,380 preparations, but some of these have been already disposed of to the College of Surgeons, the Leeds Medical School, and the Aldersgate-street School.

Mr. Langstaff informs us that he has preserved a careful description of the history, medical treatment, and pathological appearances observed in all the cases from which the preparations were derived. The Catalogue is a brief abstract of these volumes, the existence of which very materially enhances the value of Mr. Langstaff's collection.

*The Medical Student's Guide, &c.* Dublin: Fannin and Co., 1842. pp. 112.

This Guide contains an account of the latest regulations issued by the various licensing bodies of the United Kingdom; extracts from acts of parliament relating to the medical profession, and a brief sketch of the different medical schools in Dublin. The medical student will find it a very useful authority on the different subjects comprised in it.

*Contributions to Aural Surgery, No. 4. On Deafness from Morbid Conditions of the Mucous Membrane of the Stomach, Throat, and Ear, &c.* By JAMES YEARSLEY. London: Nisbet and Co., 1842.

A reprint of some papers published by the author in the “Medical Gazette.” We hope that a time may

arrive when we can notice the Contributions of Mr. Yearsley—that is to say, when Mr. Yearsley will consent to pursue the path which the rest of the profession are content to labour through.

## ROYAL BERKSHIRE HOSPITAL.

[*Practice of Mr. F. A. Bulley.*]

### ERYSIPELAS WITH DELIRIUM TREMENS FROM THE BITE OF A DOG.—DEATH.

Thomas Pratt, aged 27, a railroad labourer, of very intemperate habits, was admitted into the hospital, Jan. 20, 1841, on account of his having, the day before, been bitten in the upper lip by a bull-dog pup, with which he had been playing. He had a besotted, bloated appearance, and I learned from the person who accompanied him, that he had been in the habit of drinking large quantities of beer, and had, in fact, lately, been almost always intoxicated. On the same evening he became affected with cold chills, and the usual signs of fever, and in the night had some slight delirium; he had been suffering from symptoms of cold for some days previous to the occurrence of the accident, accompanied by chilliness and fever, especially in the evening; he now complained of great and throbbing pain in the head, and had a somewhat wild and anxious appearance; pulse somewhat full; there are two small wounds occasioned by the teeth of the dog, which appear to have passed through the upper lip; the upper lip is greatly swelled, and erysipelas has begun to extend from this part over the left side of the face, towards the forehead. To be bled to ten ounces, and to have Plummer's pill, five grains, twice a day.

21. The erysipelatous inflammation has spread, and now involves the scalp on the affected side, which is reddened and swelled, and gives a crepitating sensation when pressed by the fingers. Some local means have been employed to check the erysipelas, but as yet without avail. Effervescent mixture every fifth hour; hot water on large sponges to be kept constantly applied to the face.

22. The erysipelas has spread to the other side of the face, and the whole of the head is now uniformly involved in the disease; the eyes are scarcely perceptible through the swelling of the lids and the surrounding integuments; febrile symptoms somewhat diminished this morning; he has had some delirium in the night; in the afternoon he sunk into a state of muttering insensibility, from which it was difficult to arouse him, and on my visit in the evening I found him tossing about his bed in a raving state, and talking incoherently; he was constantly blowing, and spitting out considerable quantities of purulent mucus, which seemed to be profusely secreted in the posterior nares and fauces. Twenty ounces of blood were taken from the temporal artery; the head to be shaved, and cold vinegar and water lotion to be applied; as he appeared rather weakened by the bleeding, he was ordered to have three ounces of port wine with warm water.

23. The swelling of the face continues; the bleeding of last night seemed to increase the delirium at first, but it afterwards diminished; the incoherence continues, but he is not so violent as last night; pulse weaker. Cold lotion to be applied to the head; one grain of calomel to be taken every hour, mixed with sugar, and laid upon the tongue to dissolve.

24. Has continued to take the powders since last report; the incoherence continues, but he is not quite so violent as last night; pulse still weak.

25. Has passed a tolerably quiet night; he is, however, still somewhat rambling, but answering questions rather more rationally; the tongue, which heretofore

has not been much altered from its healthy appearance, has to-day become somewhat brown and foul, and he has other symptoms of supervening typhus; a red spot has appeared over the ileum, which threatens to become phagedenic. Camphor spirit, one drachm and a half, in two ounces of port wine, every hour.

26. The port wine and camphor, appearing to produce too much excitement of the system, was discontinued; he is, however, more rational; the erysipelas has, in a great measure, subsided; there is a slight tremulous motion in the arms; there are some fresh appearances of commencing sloughs in the lumbar region. Sulphate of iron, five grains; carbonate of soda, five grains; to be dissolved in a pint of water, twice a day. His tongue is somewhat browner than yesterday.

29. The typhoid symptoms are now extremely well marked; the erysipelas has entirely subsided; he is very deaf, but when roused answers incoherently; tongue quite black at the tip and underneath; the sloughing has greatly increased. The quantity of sulphate of iron was, the day before yesterday, increased to six grains, three times a day. A general trembling of the limbs, amounting to a state of delirium tremens, has supervened; and I observed that at times he had subsultus tendinum, sometimes amounting to complete spasm of the muscles, especially of the arms. He was ordered to have four ounces of port wine during the day; sedative solution of opium, twenty drops; spirit of sulphuric æther, one drachm and a half; peppermint water, one ounce and a half. To be taken at night.

30. The delirium tremens continues, with constant incoherent muttering; the typhoid symptoms have increased, and he is now in a state of great general prostration; the sloughing of the back and nates has spread considerably.

31. Has passed rather a more tranquil night, but has called out loudly at times as if from a slight consciousness of pain; his pulse has become extremely weak and fluttering; the sloughs upon the sacrum and neighbouring parts have extended; about the middle of the day he was observed to be sinking, and he died about half past two o'clock.

The coroner being from home I was unable to examine the body. On the next day the general putrefactive decomposition had proceeded so far and rapidly that, notwithstanding the coldness of the weather, the corpse had become of a universally livid colour.

### REMARKS.

I have recorded the foregoing case as showing that, in some particular conditions of the system, the most fatal symptoms may follow the slightest possible amount of injury. The patient had led a very dissolute, intemperate life, and had had for some days previous to the occurrence of the accident some symptoms of cold, during which period it was said he had abstained from his usual quantity of spirits and beer. That a sudden change from intemperance to comparative abstinence in persons who have addicted themselves to inordinate excesses in drinking, will produce symptoms of delirium tremens, the records of surgery have sufficiently shown, and it is probable that the causes operating in this case to produce a similar effect were at first partly of this nature. But we must look farther for the occasion of the fatal symptoms which followed.

There is no reason to believe that the inflammation of the brain which ensued was the result of the recession or retropulsion of the erysipelas in the face, which, on the contrary, was observed gradually to subside under the use of the remedies employed; it moreover existed in a measure contemporaneously with



it. Beyond the appearances of ordinary erysipelatous inflammation of the face, which had seemed to have spread directly from the bites upon the lip, there ensued a general thickened condition of the integuments over the whole body, with swelling of the limbs and some slight redness of the surface, but which had not the peculiar characteristic appearance of erysipelas. It was more like what has been observed in persons who have been bitten by poisonous snakes. I also observed that the blood which had been drawn from the temporal artery was of a very dark colour, extremely thick, and showed no disposition to coagulate. These latter appearances led me to think that the system had been contaminated by some morbid poison, which had afterwards become diffused throughout it, but whether this contamination had been the result of miasma to which he might have been exposed (as, from the shivering and fever which he had before the accident, it is not unlikely that he had been), or whether it was the consequence of any peculiar poison arising directly from the bite, I am unable exactly to determine, but I should say, that both these causes combined, acting upon a system rendered more susceptible of their pernicious influences, by a long subjection to dissolute habits, were concerned in the production of the altered state of the blood, and the low typhoid symptoms in consequence, which so shortly afterwards supervened, and which might be considered as the essential morbid condition upon which his complaints depended.

In respect of the treatment which was pursued, there is nothing particularly worthy of remark. It was designed, in the first part of it, to moderate the inflammatory action on which the delirium seemed to depend, and which in some measure it appeared to do; and in the second, to overcome the typhoid symptoms which followed. As I had seen several cases of cachectic disease and typhus (in which I was aware that the blood had undergone the changes I have mentioned) benefitted by the exhibition of chalybeates and port wine, I thought it not irrational to try them here, although, as the result has shown, without effect. Several excellent cases of the beneficial effects of port wine in such cases have been recorded especially in the Dublin Journals, but I am not aware that its *modus operandi* has ever been clearly explained; I believe, however, that its effects are altogether due to the real, and in some cases rapid, change it produces in the unhealthy condition of the blood, although the exact manner of its action upon the latter is, as yet, unknown; but true it is, that in fortunate cases, the blood, which during the persistence of the disease, may almost always be seen to be in a vitiated, thickened, grumous, and uncoagulating state, is observed to recover its natural healthy condition and colour, when convalescence is observed to follow. The action of chalybeates is not quite so obscure, the beneficial changes doubtless resulting from their chemical action on the blood, restoring to it its chalybeate ingredients, with which, in such cases, it seems to have parted, and without which it may be said to be incapable of carrying on the healthy functions of life.

**ERRATUM.**—The reader is requested to correct a serious error which has occurred in the printing of Mr. Bulley's case of osseous tumour, published in our last number, page 386, col. 2, line 59. Instead of *a whole twelvemonth*, read *"a whole month."* The words were written very distinctly in Mr. Bulley's paper.

## MEETING OF THE GALWAY PRACTITIONERS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND  
SURGICAL JOURNAL.

GENTLEMEN,—A meeting of the medical gentlemen of the town of Galway took place on the 7th instant (Dr. Gray in the chair), at which the accompanying resolution was adopted.

I am directed (as secretary to that meeting) by the chairman and the other gentlemen, whose names are subscribed, to submit the resolution to you for your consideration, and to request an answer on as early a day as possible.

I have the honour to be, Gentlemen,  
Your obedient and humble servant,  
WILLIAM O'GRADY, Surgeon.

At a meeting of the medical practitioners of the town of Galway, held at the 7th instant, at Kilroy's Hotel, the following resolution was unanimously adopted:—

"That, having seen a letter copied by the 'Galway Vindicator,' from a London periodical named the 'Provincial Medical and Surgical Journal,' signed 'A Galway Practitioner,' animadverting in no measured terms on a most respectable member of our profession, couched in such words as we deem highly unprofessional and ungentlemanlike—as such, we deny that any member of our profession in this town, as far as we can ascertain, can be the author of it. We therefore call on the editor of the 'Provincial Medical and Surgical Journal,' and we are sure he will see the justice and propriety of submitting to us the name of the individual who sent that document for publication.

ROB. N. GRAY, L.D.C., Chairman.

A. J. VEITCH, M.B., L.R.C.S.I.,

Surgeon to the Co. Infirmary and Co. Prison.

THOMAS O'MALLEY, M.D.

N. COLAHAN, M.D.

P. MORAN, M.D.,

One of the Physicians to the Town Hospital  
and General Dispensary.

S. S. MCALMAN, M.R.C.S.L.,

Surgeon to\* Dispensary.

WM. O'GRADY, Secretary.

The resolution of the Galway practitioners, which we have published above, compels us to recur unwillingly to the subject of the London College of Medicine. The strictures of the "Galway practitioner," which our hot-blooded brethren of Galway deem "unprofessional and ungentlemanlike," seem to us to have been directed, not against any individual, but against the concoctors of the London College scheme; that they merit castigation, no upright or well-thinking man can deny.

The medical gentlemen of the town of Galway request us to give up the name of the person who forwarded a letter signed "A Galway Practitioner." In this letter it was averred, that a degree from the London College of Medicine had been presented to the guardians of the Galway union, by a candidate for the office of physician to the union, and had been accepted by the said guardians as a genuine document. Now, we would simply suggest to the medical men of Galway, in conclave assembled, that, instead of indulging in idle curiosity, they should inquire whether the spurious paper alluded to is current

\* Illegible in manuscript.

amongst them; or whether the fact alleged by our correspondent be devoid of truth. In the latter case we may, probably, think it right to state the name of the gentleman from whom the information was obtained, because, in a letter which now lies before us, he says, "you may make what use you please of any communication of mine." Should it appear, on the other hand, that the main fact averred by our correspondent is true, we are sure that the Galway practitioners will thank him for giving them an opportunity of investigating a matter, which so nearly concerns the interests of the profession. Some strange confusion seems to prevail in Galway touching the title of Doctor. Thus, we observe that the chairman, Mr. Gray, signs himself surgeon only, while in the secretary's letter he is intitled "Dr. Gray." It is evident that misnomers prevail in Ireland, as well as in other parts of the United Kingdom; but Sir James Graham's bill will set all these matters right.

In conclusion, we would beg to observe, that any remarks which we have made upon this subject were not addressed to the present medical officer of the Galway union. We understand that he is a highly respectable and respected man. Our wrath was excited against the bank by which the spurious paper was issued, and not against a casual holder of it.

#### IMPORTANT MEDICO-LEGAL INQUIRY.— CORONER'S INQUEST.

A case which has excited very considerable interest amongst the members of the medical profession at Bath, occurred last week in that city. We derive the particulars from the "Bath Herald."

On Wednesday, Feb. 2, an inquisition was held on the body of a highly respectable young lady, named Cecelia Rathbone, who came by her death under the following circumstances, which were detailed in evidence before the coroner, H. A. English, Esq.:

Hester Blatchford examined—I am a housemaid to Mr. Paillette, at 18, Henrietta-street. Deceased was a lodger in the house; had been in good health generally, but complained about three weeks ago of a little rash. She appeared to get the better of it, until Wednesday evening, when she complained of being worse. She was worse on Thursday, but on Friday she was better. Dr. Watson was sent for, however, in the evening. I saw Dr. Watson write a prescription for some medicine, and Mrs. Rathbone requested him to leave it at Mr. Watts's, chemist, in Argyle-street, as he went by. Some medicine was brought in the evening by a boy, which I took from him at the door. Soon after it arrived Mrs. Rathbone called me into the bedroom of the deceased, and told me to send for Mr. Watts or Dr. Watson, as the deceased appeared to be very ill. She was very sick. She was vomiting very violently when I saw her. I had seen her sick before, but not for a long time before that. She brought up a good deal of phlegm and a little blood—about a pint altogether. Mr. Watts arrived, and came into the room. At the time she was vomiting she complained of pain in her chest. She complained of pain in her chest during the day. When Mr. Watts came, Mrs. Rathbone told him she thought there had been some mistake about the medicine, as it had made her very ill. He said he was afraid it was not finished making, he would go to the shop and inquire. He then took the prescription with him, which was lying on the drawers, and returned in about

five minutes. When Mr. Watts came back he told Mrs. Rathbone there was some little mistake made by one of his men. Miss Rathbone was not sick then, but seemed very ill. She said when I first went into the room, "Oh! Mary, I believe I have taken poison!" Mr. Watts remained with her all night. I saw her again in the morning, when she said she was a little better, but appeared very ill; had great difficulty in breathing, particularly if she moved. She had greater difficulty of breathing when I saw her the night before than in the morning. She never appeared to have any convulsive fits. She complained of no other pain than in her chest. On Sunday she appeared better. I went in at half-past eight and made her bed, and I saw her again about ten, but I saw her no more alive. Her breathing the day before she took the medicine I did not observe to be bad. She had a little cough for a few days past.

James Watson, Esq., M.D., examined.—I am a physician, residing in Bath. I attended the deceased from Friday last. She complained of feverish symptoms and sore throat. She had a slight rash in her hands and face. I ordered her to bed, and gave her a prescription, which I left at Mr. Watt's, chemist, in Argyle-street, with directions that it should be sent down as soon as possible. The medicine I prescribed was a simple saline—a fever medicine—expecting to find the disease more fully developed in the morning. Shortly after eight o'clock on that evening I was summoned to Miss Rathbone's, being told she was dangerously ill. On entering the room I found her mother in great alarm. Mr. Watts was in the room, and on my asking what was the matter, the deceased herself said, "Oh! Dr. Watson, I am poisoned!" or words to that effect. She was in a state of extraordinary excitement and alarm. Mr. Watts said that something had been given by mistake. The deceased was vomiting large quantities of a rosy fluid, streaked with blood. She was in considerable distress from its constantly obstructing the breathing, and compelling her to be constantly spitting up and retching. On examining the mouth, I found the tongue and, so far as I could see into it, the mouth, as well as the external lips, exceedingly red, and appearing as if deprived of their natural covering. She complained of great pain in the throat, and every attempt to swallow the smallest quantity of fluid created intense agony. After giving what I conceived to be the proper remedies to meet this fresh condition, I left Mr. Watts with instructions how to carry out my views during the night. On asking Mr. Watts what this was that had been given, he said it was the "liquor of ammonia," which appeared the case, and I have no doubt that the symptoms were from that having been administered. The pulse was then remarkably rapid, and of a tremulous character. I found Mr. Watts endeavouring to administer lime juice, but she was unable to swallow it from the pain which it occasioned. Finding that she could not, I prescribed mucilaginous drinks, and milk to sheath and protect the surface, which seemed to me to have been abraded. I ordered, also, large poultices to be applied to the fore part of the throat, and, to the best of my recollection, a mustard poultice to the pit of the stomach, and directed that leeches should be applied in the course of the night, if necessary; but these means did not appear to relieve the distress. I saw her the following morning before ten o'clock. I then found that she had passed a very restless and sleepless night from her own statement. Still great alarm was depicted in the countenance, and she also uttered expressions of apprehension as to the consequences of the dose. The skin was warm; the face slightly flushed; slight traces of eruption on the hands and face; pulse still remarkably quick and fluttering; less pain in the throat; the tongue partly white, and with particles of red on the surface, as well as round the edges. She was then comforting herself



that she could now swallow liquids without pain. The bowels had been several times purged during the night. She complained chiefly of a heat in the throat, and restlessness. My views were to allay irritation in the system generally, which seemed to have been produced by the medicine. I gave ample instructions, and saw her again in the afternoon, and found her very much in the condition in which I had left her in the morning. I pursued the remedial measures, and saw her again between eight and nine o'clock on that evening, and found her still in a state of great excitement and alarm, and with a very little material change in the symptoms. On Sunday morning I called and found that she had been seized in the fore part of the morning with agonising pains in the throat, and that Mr. Watts had been summoned early in the morning, and had applied leeches over the painful part; she also complained of sickness and a most wretched night, declaring that she had seen visions, and that unless I gave her morphine to produce sleep, she should go out of her mind. I found the pulse remarkably rapid, and feeble and fluttering. The leeches were still bleeding a little, and I directed them to be stopped, and then ordered such treatment as in my judgment the peculiar circumstances of the case required. There was then a little more evidence of the rash about the feet, knees, and elbows. The tongue was now white, and as if coated with milk. After giving necessary directions, I told the mother that I did not at all like the case, and that I hoped she would give me leave to call in another physician, which she assented to; but before the consultation took place, I saw her again, about three o'clock in the afternoon. The symptoms were then in many respects essentially the same, with the exception of the vomiting, which had been stopped by the remedies which I had prescribed. She dwelt on this occasion chiefly on a sense of pain and burning at the pit of the stomach, for which a remedy, which was then at hand in the house, was used. Leaving, as formerly, the necessary instructions, I took my leave, and in my next visit, between eight and nine o'clock in the evening, in company with Dr. Bealey, I found the remedy I had prescribed for the burning sensations in the stomach had had the effect in removing the uneasiness there. She was still in a highly excited state, with the same character of pulse; very restless; but at the same time in tolerable spirits when spoken to with comforting language, and even jocular with Dr. Bealey on the disordered state of her dress. The tongue and throat were still white, and an appearance of more vivid eruption from the skin. Her mind was perfectly clear; the skin not hot; the face flushed and anxious. Dr. Bealey and myself, after thoroughly inquiring into her condition at that moment, retired and prescribed for her a draught, which, in our judgment, seemed to be necessary and requisite. I saw no more of her. I was summoned early the next morning, and met Mr. Watts at the top of the street, who told me that she was dead. The sort of ammonia that I prescribed on the Friday night—the *liquor of the acetate of ammonia*—was totally different from that which was given. Mr. Watts told me the first night it had been made up by a highly confidential young man, who had been long in the habit of dispensing medicines, and in whom he had perfect confidence. The medicine which I ordered was in itself comparatively harmless, and the medicine which was given was a powerful caustic.

Mr. Norman explained for the satisfaction of the jury, the difference between the *liquor ammonia* and the *liquor acetatis ammonia*, namely, that the former is a powerful caustic, and the latter formed by carbonate of ammonia and a sufficient quantity of acetic acid added to it to neutralize it.

Dr. Watson—I had hardly any doubt when I first saw her that she had scarlet fever, but from subsequent appearances I have no doubt of it. Knowing

her habit to be remarkably excitable from former attendances, as well as from other peculiarities, I considered her a very unfavourable subject for scarlet fever, or any other acute disease. When I take a view of the case, I feel great hesitation in pronouncing a decided and positive opinion as to whether the death was occasioned entirely by the dose, by the disease, or by the tremendous shock which we all know would be produced on the most robust frame by the apprehension of having swallowed poison. From the sudden change which had taken place between my first visit and my evening visit the same day, I cannot but attribute some portion of that change to the unfortunate dose—knowing the powerful influence that such a medicine has upon the heart and the nervous system. At the same time I wish it to be distinctly understood that I do not say that she died in consequence of that dose, because she was labouring under a malady of so dangerous a kind that it might have proved fatal independent of the dose given.

W. Bealey, Esq., M.D., was next examined—I saw the deceased on Sunday evening between eight and nine o'clock, and never saw her afterwards. My opinion was that she was labouring under scarlet fever. It was reported to me that she had been labouring under scarlet fever, and that she had taken a very strong medicine in lieu of a simple saline medicine two days previously. After investigating the disease in reference to the scarlet fever, and seeing that it was a case of scarlet fever, as evidenced by patches of eruption on several parts of the body, but which had not generally appeared, my next attention was directed to the results that were likely to follow from the mistake in the medicine, which would ordinarily be some inflammation of the throat, stomach, and bowels. I saw nothing in the throat more than we ordinarily discover in simple scarlet fever; and on the examination of the stomach and bowels, I gave it as my opinion that there were no symptoms of inflammation in those organs. She was in a state of great irritation and great excitement of manner. I held a consultation with Dr. Watson, and we agreed in giving her a very gentle and mild opiate, to quiet the irritation, and left the case to manifest itself the next morning. I do not think, from my short acquaintance with the case, I am in a situation to give my opinion as to the cause of death. The ordinary effects of such medicine as that which was stated to have been given would, in my judgment, have caused inflammation of the bowels and stomach, but of which I saw no evidence. It is not at all improbable, that in her case she might have died from congestion of the lungs.

William Reece Watts examined—I am a druggist, in Argyle-street. The prescription which I produce was put into my hands by Dr. Watson on Friday afternoon; I gave it to William Collins, my assistant, to dispense and send off directly. He has been three years altogether with me in that capacity. The medicine was made up by him; at least I believe so. After the dose had been sent to the house, I was sent for. I went into the room of the deceased; she had been vomiting about a teacupful. She vomited a little while I was there. She said she had put the medicine in her mouth, but it was strong, like harts-horn, and she could not swallow it. Afterwards I heard her say she thought she had swallowed the whole of it, and had vomited it up. There was no ammonia in the cup. She did not vomit any in it when I was there. She said she spat it out on the floor; and what was on the floor smelt very much of ammonia. The direction on the bottle was two tablespoonfuls for a dose, but there did not appear to be more than one tablespoonful taken. I gave her a little lemonade, but I did not give her any lemon-juice, because I had every reason to believe there had been none of the mixture swallowed. Dr. Watson stated, she swallowed very well about three hours



after the medicine had been taken; I gave her a draught of lemonade and a teacupful of tea in the night. Her pulse on the Saturday was 120, and on Sunday morning it was 130, and very distinct and firm, and I could not stop it by compression. In the evening it was as high as 140. She slept half an hour on Friday night, and then woke up, and then slept two hours. She complained on that night and on the following day of shivering, and was violently purged during the night, and had been for some time previous. This purging continued up to her death. I inquired of my assistant, William Collins, what mixture he had prepared? He said he thought he must have taken it from the bottle by the side of the other bottle from which he ought to have taken it. The bottle from which he took it contained water of ammonia, but not the strong or pure preparation.

George Norman, Esq., examined—I yesterday examined the body of the deceased. I was then unacquainted with all the circumstances that I have heard this evening. The appearances, therefore, on the body were the only facts that I had to investigate, and to give an opinion upon. I found upon the surface of the body, breasts, arms, and legs, some purple patches, which had the appearance of having been eruptions during life, but whether scarlet fever or measles, or either, I am unable to say. I found the tongue and throat inflamed in very much the degree that would be the case in scarlet fever, which induced me to believe that she had had that disease. I found the larynx very much inflamed, and the membrane lining the windpipe also very much inflamed. This inflammation extended into the lungs—into all the branches of the air tubes. The substance of the lungs was also inflamed. There was a great congestion of blood in the lungs; a quantity, also, of serum in the substance of the lungs; and the pleura (which is the membrane which covers the lungs, and also lines the cavity of the chest), was also highly inflamed. The cavities of the heart contained a small quantity of fluid blood. I next examined the passage which leads from the throat to the stomach, and found it was not inflamed, neither did the internal coat of the stomach or of the intestines show any appearance of inflammation. The stomach contained a small quantity of fluid, much tinged with bile, which fluid did not show by the test employed the presence of any strong alkali. I next examined the brain, the membranes of which showed some appearance of inflammation, but not to a great degree. The brain itself was perfectly natural. Judging from these appearances only, and dispossessing my mind of any report that I may have heard,—judging from the appearances only which I saw, I should have considered it very probable that the deceased had had scarlet fever,—the appearance of the rash and the throat being, to a certain degree, evidence of that,—and that the inflamed state of the lungs, and the congestion in them, arose from that state which oftentimes occurs, and proves fatal, in scarlet fever; or otherwise that it had been a case of bronchitis, combined with inflammation of the substance of the lungs and of the pleura; but that whether the disease had been scarlet fever or pure inflammation of the lungs, I felt confident that the morbid condition of the lungs was the cause of death. Having thus described the post-mortem appearances of the deceased, Mr. Norman proceeded to comment, at considerable length, on the medico-legal bearings of the case. He was of opinion that the ammonia did not reach the stomach, because there was no appearance of inflammation of the stomach or of the intestines; and because no convulsions or spasmodic disease occurred, as was the case in experiments in which the ammonia was introduced into the stomach. The evidence of the distress which the deceased suffered immediately on swallowing the medicine, induced him to believe that the medicine got into the throat, but that no part of it was

swallowed. The only question, then, was, whether in the short time that it remained in the throat, any, or if any, a sufficient quantity could have been inhaled into the lungs to produce the bronchitis, and the morbid appearances that were found in the lungs; or whether the bronchitis and inflammation of the lungs were the consequence of the scarlet fever. His opinion was that it is scarcely possible, but certainly very improbable, that in so short a time such a quantity of the ammonia could have been inhaled as to have proved fatal; and finding from the evidence that scarlet fever did actually exist, and knowing that congestion and inflammation of the lungs frequently accompany and often prove fatal in scarlet fever, he did not think that any of the evidence shook the opinion formed at the time of the dissection as to the cause of death.

The jury were left in the room at ten minutes past one in the morning, and after a consultation of about half an hour, sent word to the coroner that they were prepared to deliver their verdict. The most intense anxiety was manifested to hear it, and as soon as the audience had resumed their places, the foreman of the jury said that their verdict was—"That the deceased died from disease; and that her death was accelerated by medicine dispensed by mistake."

We have published an account of the inquest on Miss Rathbone, at some length, as a specimen of a medico-legal investigation under the present system of coroner's inquests. We are unwilling to offer any remarks on data that are obviously imperfect; although the investigation seems to have been conducted in a very elaborate manner, the chief points were not cleared up. Was the lady poisoned by ammonia? Did she die of simple pneumonia—a complication of scarlatina? Or was the inflammation of the lungs excited by the ammonia? There were three parties concerned in the affair—nature, the doctor, and the chemist; and the jury, being unable to make a selection, split the difference between nature and the chemist.

Amicable arrangements of this kind present the science of legal medicine in a new point of view.

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## IMPORTANT TRIAL.

VEITCH v. RUSSELL.

The Attorney-General, Mr. Peacock, and Mr. Lutwyche conducted the case for the plaintiff; and Mr. Thesiger, Mr. Warren, and Mr. Bovill, that of the defendant.

This action was brought to recover the sum of £157 for the attendance of the plaintiff as a physician upon the brother of the defendant. The plaintiff was a physician who resides at Richmond, and the defendant, Mrs. Russell, was a lady of fortune, living in Porchester-terrace, Bayswater. The defendant's brother, Thomas Beckley, who was a butler in the service of Mr. Fisher, who lived at Dulwich-hill, Camberwell, being in a bad state of health, was attended by the plaintiff from September 1, 1839, to April 23, 1840. On the 21st of July, 1840, the defendant wrote a letter to the plaintiff stating that her brother had been taken suddenly ill that morning, and requested Dr. Veitch to go and see him. The Doctor accordingly attended him from July 22 to Sept. 17, 1840. The nature of the disease with which Thomas Beckley was attacked required the daily attendance of the plaintiff. On the 30th of August the brother was removed to town, and on that day the defendant wrote a letter to the plaintiff in these words:—"Dear Dr. Veitch,—As your account against me for attendance on my brother



must be rather a formidable one, you will oblige me by letting me have it up to his removal to town. Yours, &c.” On the 9th of September the defendant wrote another letter to the plaintiff, saying, “My wish is to present you with such a sum as you would call upon me to pay you. Now, as this can only be done by your telling what that sum should be, I shall feel greatly obliged to you by your doing so. I really do not see how I can spare you this trouble, for I do not know what expenses you have incurred, or what you you would deem under the circumstances a suitable acknowledgment of your great professional skill and attention.” In reply to this note the Doctor named the sum of 150 guineas as a reasonable compensation for his long experience and successful attendance on the defendant’s brother. A correspondence then ensued, in which the defendant objected to the amount named, and offered to pay £60 or £70, stating that she could not afford more, and finally requested to know the name of the plaintiff’s bankers that she might pay in £70 to his account, in liquidation of her debt. On the 21st of November, 1840, the defendant wrote to the plaintiff a long letter, upbraiding him with the hospitality which he had received at her table, for it appeared that he had regularly visited Mrs. Russell on his return from seeing her brother, and sat an hour with her while the fly-horse was resting; with the kindness and attention she had shown his daughter, who had passed three or four vacations with her; and adding that she never anticipated that he visited her brother upon any other footing than that of a friend, and she then refused to pay his demand, upon which the present action was brought. The plaintiff went in a fly every time he visited the brother, and it was proved that he had paid £42 to the flymaster, and 4s. a day to the driver for six weeks after the correspondence in September, 1840; and the plaintiff wrote to the defendant, stating that, as he was about leaving Richmond, it would be impossible for him to devote that attention to her brother that he required, to which Mrs. Russell answered that it might save him some unpleasant reflections to know that her poor deserted brother would be immediately attended to by Sir Benjamin Brodie or some other eminent man.

This being the substance of the plaintiff’s case,

Mr. Thesiger moved for a nonsuit, on the ground that a physician could not recover for his fees; that no right of action existed; that there was no original contract; and that there was nothing upon which to found a contract.

Mr. Justice Wightman said, it appeared to him that if this were a case like those cited, where a physician sought to recover upon an implied contract, that he could not maintain an action; but in the present case, whatever the general rule might be, there was evidence to go to the jury of an express contract. He would, however, reserve leave to move to enter a nonsuit.

The Attorney-General objected to this. If his friend disapproved of the ruling of the learned judge, he might tender a bill of exceptions.

The defendant’s case was then proceeded with, which was an attempt to show that the services were gratuitous.

Mr. Justice Wightman in summing up said, that this was an unusual action, because there was in general a conventional mode of payment; but it was a novel doctrine to him to hear that a party could not contract for compensation. All that the cases decided was, that a contract could not be implied from the mere fact of attendance by a physician, but a physician might contract for a fixed sum, or for reasonable compensation, at the end of his attendance; therefore, he should leave it to the jury to say whether there was a contract that Dr. Veitch should be remunerated for his services, not merely from a request to attend, but from the circumstances of the case, and if so, they would find a verdict for the plaintiff; and then they

would have to consider the amount to which he was entitled. The question turned mainly upon the correspondence; they had nothing to do with the number of dinners the plaintiff had had at the defendant’s house, except so far as they might tend to show that he was disposed to give a gratuitous attendance; and they would have to contrast that circumstance with the other circumstances of the case. The only question was, whether there was an agreement for remuneration, or whether the whole matter was left in the ordinary state of circumstances between physician and patient. It appeared that on the 30th of August Mrs. Russell considered there was an account between them, and that the plaintiff did not stand in the ordinary position between physician and patient. Until the very last Mrs. Russell did not so much object to pay as to pay 150 guineas. They would say, under all the circumstances, whether there was an implied contract for remuneration.

Mr. Warren then tendered a bill of exceptions to the summing up, upon the ground that a physician could not recover in law, and that the judge should have directed the jury, that if a physician could recover for any contract, it must be on a contract for a precise sum, and not for reasonable compensation.

The jury retired for about an hour and a half, and then gave a verdict for the defendant.—*Times*.

The case which we have just reported requires a few observations. On its general merits we have little to say, further than that the fact of a contract having been entered into, and subsequently admitted by Mrs. Russell, seems to have been proved in the clearest manner. The jury, however, thought differently. But if the plaintiff had been successful in his action, it follows, from the observations of Mr. Warren and Mr. Thesiger, that a new trial would have been sought, on the grounds that a physician cannot recover, in law, for his professional services. The judges and lawyers hold that the services of a physician are purely honorary; that he has no right, by common law, to sue or recover in his quality of physician; and that he must suffer quietly whatever affronts or injuries the evil-disposed and dishonest amongst his patients may choose to inflict on him.

This doctrine may, perhaps, find some support amongst the aristocratic party of the profession, but we venture to say that a great majority of the physicians of the present day are opposed to it. If the surgeon be entitled to recover compensation for his services in a court of law, there is no valid reason why the physician should not enjoy a similar privilege. The reasons which are adduced against the expediency of clothing him with this right, are founded on ideas that have long since been exploded—on the presumed superiority of medicine over surgery—on the supposition that medicine would lose caste, were its professors imagined to exercise the calling for gain.

Men of the present age will not, we fancy, be content with such fine spun theories. They will require that the right of the physician to recover for professional attendance be established by law. The principle is so just in itself that it cannot be denied, if demanded by the profession, and for such a demand, the most seasonable opportunity now presents itself. The case of Dr. Veitch is, we fear, a common one; from the peer to the pauper, all classes of society seem to regard the services of medical men in the same light. One point, however, which is worthy of notice, was established at the trial; the physician may make a contract for payment during his attendance on a patient, and recover upon the strength of such contract; but we suspect that few will avail themselves of this miserable privilege.



## TREATMENT OF VARICOSE VEINS BY THE VIENNA CAUSTIC.

By M. BERARD, Surgeon to the Necker Hospital.

The want of success which has attended the various means tried for the treatment of varicose veins, induced M. Berard to test the efficacy of a new remedy. M.M. Bonnet and Gensoul recommended the caustic potass, but the substance which M. Berard employs is the Vienna caustic.

Whatever be the number or extent of the varicose veins, M. Berard commences with a single application to each leg, if both limbs be affected. The point generally selected is below the knee, over the internal saphena vein, and this even in cases where the varicose state exists above the knee. The caustic should be applied so as to produce a long narrow eschar; this allows us to destroy the coats of the vessel to a greater extent, and gives rise to a more easily managed wound than the circular eschar. On the evening which precedes the application of the caustic, the patient should be made to stand upright for some time, in order to render the veins clearly discernible, and a line must then be traced with ink or nitrate of silver, to circumscribe the parts to which the caustic is to be applied. This done, the skin having been shaved, and the limb placed in a proper position, the paste is applied over the vein. The length of the layer varies from one inch to one inch ten lines; the breadth, from two and a half to four and a half lines; the thickness is the same as the breadth; the extent of the eschar, however, must vary according to the size of the vein, and of its circumvolutions; the period during which the caustic is applied varies from a quarter to half an hour. The object is to destroy at one application the whole of the tissues down to the vein, *inclusively*, and for this purpose from eighteen to twenty minutes generally suffice. Should any hæmorrhage occur, it is easily arrested by pressure and the horizontal position; the patient, as a precaution, must, in all cases, keep to bed.

When the caustic has been applied so as to destroy the coats of the vein, the blood coagulates at the wounded point in about twenty-four to thirty-six hours; and the coagulation gradually extends to the inferior divisions of the vein. The existence of anastomosis between the superficial and deep veins may retard the coagulation of the blood, and render a fresh application of the caustic necessary; the existence of several varicose branches, or the development of a varicose disposition in one set of veins, while the others are being obliterated, may have the same effect. In such case we must wait a few weeks before we have recourse to a second operation, because M. Berard has remarked that the newly-dilated veins often return to their normal state. The disadvantage of this mode of treatment are fairly stated by the author; in some cases we are forced to apply the caustic more than once, the pain is occasionally severe, and inflammation may come on, but this very rarely terminates in suppuration. On the other hand, these inconveniences are of rare occurrence, while the method proposed is more simple, and certainly more efficacious, than any other hitherto employed. In one case only, out of more than 500 applications of the caustic, did a fatal result ensue, and here the cause of death was traceable to circumstances which are easily avoided.—*Gaz. Med. de Paris*, No. 4.

## THE BAVARIAN SCHOOLS OF MEDICINE SUSPENDED.

The Home Secretary of State in Bavaria has recently forwarded an ordinance to the three universities of that kingdom, enjoining them to close all the schools of medicine. The motives of this injunction are stated to be the facts that more medical men exist than can find occupation, and there are 700 applications to the minister from young men who seek employment.

## HOUSE OF COMMONS.

Friday, Feb. 11.

## BILL FOR REGULATING THE MEDICAL PROFESSION.

Mr. HAWES wished to know if it were the intention of the right honourable baronet, Sir James Graham, to bring in any measure during the session for regulating the medical profession.

Sir JAMES GRAHAM said that during the recess he had directed his attention to the subject, and had communicated with many parties whom he thought likely to give useful information on it. He had it under consideration to bring a measure on the subject before the House during the progress of the session.

Monday, Feb. 14.

## INTRA-MURAL SEPULTURE.

The Sheriffs of London, Mr. Alderman Magnay and Mr. Rogers, presented a petition from the Lord Mayor, aldermen, and commons of the city of London, in common council assembled, praying that the House would take into its serious consideration some measures, by which the dangers to be apprehended from burying the dead in the crowded churchyards of the metropolis might be prevented.

## OBITUARY.

We regret to have to announce the death of the venerable Dr. Yelloly, which took place on Tuesday, the 1st of February. Dr. Yelloly commenced public life as physician to the London Hospital, and lecturer on the practice of physic. He was one of the founders of the Medico-Chirurgical Society, one of its most zealous supporters, and contributed many papers to its transactions. About twenty years ago Dr. Yelloly removed from London to Norwich, and was subsequently appointed physician to the Norfolk and Norwich Hospital; here he devoted much of his attention, in conjunction with his colleague, Mr. Crosse, to the subject of urinary calculi. In one of the volumes of the "Philosophical Transactions" he published a valuable analysis of the unrivalled Norwich collection. Few men possessed a finer philosophical taste than Dr. Yelloly, and no one ever continued the pursuit of medical science, for its own sake, more uniformly during a long life. Dr. Yelloly enjoyed the friendship of Dr. Marcet, Dr. Roget, and many other eminent men in the profession, and had gained the respect of an extensive circle of acquaintances. He was a man, excellent in public and private life, whose place amongst us will not be easily filled up.

## BOOKS RECEIVED.

Contributions to Aural Surgery, No. 4. On Deafness from Morbid Conditions of the Mucous Membrane of the Stomach, Throat, and Ear, &c. By James Yearsley. London: Nisbet and Co., 1842.

A Practical Treatise on Venereal Diseases; or, Critical and Experimental Researches on Inoculation, applied to the Study of these Affections; with a Therapeutical Summary and Special Formulary. By P. Ricord, M.D. Translated by H. P. Drummond, M.D. London: Longman and Co., 1842. 8vo. pp. 384.

## ERRATUM.

In No. 72, page 386, col. 2, line 59, for a *whole twelvemonth*, read "a whole month." The reader is requested to make this correction in Mr. Bulley's case of osseous tumour of the abdomen.

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## COURSE OF CLINICAL LECTURES

ON

## SURGICAL DISEASES,

DELIVERED AT THE HOSPITAL OF LA CHARITE',

By Professor VELPEAU.

### Lecture XIV.

#### ON SUBCUTANEOUS TUMOURS, DENOMINATED GANGLIA.

GENTLEMEN,—The human body is subject to a great variety of tumours, amongst which there is one species that will occupy our attention to-day. I allude to those subcutaneous tumours called neuromata, the chief character of which is to excite occasionally, and often without any apparent cause, very violent pain in the affected part. Many surgeons regard these tumours as having their seat in the nerves. Dupuytren and Mr. Wood, however, were opposed to this opinion. Boyer classed them amongst scirrhus tumours, and Mr. James arranged them under cancer. Hippocrates and Galen seem to have been acquainted with this affection, and called it ganglia; Paré gave it the name of knotty tumour, and the English surgeons the denomination of painful subcutaneous tumour.

These tumours, Gentlemen, have been found in the substance or along the course of the nerves. Sometimes they resemble true scirrhus or encephaloid tumours; sometimes masses of tubercle. In other cases we are unable to compare them to any other morbid product. They vary much in size; some are not larger than a pea, or bean, while others have been found as large as a man's fist, or even a child's head. They may exist either singly or in great numbers at the same time; Mr. Wood mentions the case of a patient who had three of these tumours; Siebold saw two on the instep, and I once saw a patient in this hospital with nineteen.

Ganglia may exist in any part of the body. Franco, in his treatise on hernia, mentions a female who had two on the tibia for ten years. Loyseau cites cases where the tumour was situate on the inner side of the thigh, and on the outer side of the same part of the body; Pouteau an example of the disease occurring on the inner ancle. Petit mentions having seen these tumours confined to the legs. Morgagni quotes a case of ganglion on the ancle; Cheselden one on the ulnar nerve; Petit another on the arm; Camper gives cases where the tumours occupied the elbow and knee. Various other examples might be mentioned from different authors. I myself have met with them on the sole of the foot, sides of the leg, thigh, chest, epigastrium, wrist, and various parts of the arm, in the biceps, along the course of the musculo-cutaneous nerve, and over the carotid artery. It seems to me that the tumours of which we now speak occur more frequently in adults and old people than in children,

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though some writers sustain a contrary opinion. In one case the patient was 60 years of age; another patient was 40; a third 36; the youngest was not under 21 years. Sex does not appear to make any difference.

Here, Gentlemen, is an example of the disease seated on the outside of the arm; we shall, presently, extirpate the tumour before you. The tumour, as you see, roots under the skin, which is unchanged in colour; it is very hard, and often occasions the most excruciating agony. The man cannot attribute the appearance of the tumour to any cause. Various modes of treatment have been tried, but all without success; he is, therefore, resolved on having the disease removed with the knife, and this is the only remedy which can be effectually applied. Caustics have been tried, but they are too painful, and leave too extensive a cicatrix; besides which, they are much less certain than the knife. Extirpation of the tumour would be an easy and simple operation, if the ganglia were always seated close to the skin; but we know that they may affect the deep as well as the superficial nerves. The operation, however, affords a certain means of cure. Franco describes the woman on whom he operated as having been subject to violent torture for ten years; the tumour was not larger than a nut; its removal effected an instantaneous and permanent cure. In the two cases mentioned by Loyseau the pain, which had previously been excessive, disappeared immediately after the operation. The same satisfactory results were obtained by Pouteau, in the case of a patient affected with convulsions from the violence of the pain. Short mentions a curious case of extirpation of a painful ganglion. An epileptic patient, who was accustomed to have an attack about once a month, was seized four or five times a day in a very severe manner; as the epileptic attacks invariably commenced with pain on the inner side of the calf, Short examined this part during a fit, and passed a scalpel about two inches into the muscles. The instrument accidentally touched a small tumour, which he removed, and divided at the same time the nerve on which it was seated. The patient immediately recovered from the fit, cried out that she was quite well, and never had an attack of epilepsy afterwards. This is one of the most remarkable cases that are on record, illustrative of the connection between nervous ganglia and epilepsy.

Morgagni, in allusion to the case described by him, mentions that the girl suffered extremely, but was radically cured by the operation. The same testimony as to its effects is borne by Cheselden, Camper, Hunter, Dubois, Siebold, and others.

With respect to their seat, painful ganglia may be divided into three species. One is seated between the skin and fascia; the second underneath the fascia and along the course of the nerves; the third species

seem to be connected with the substance of the nerves themselves.

All subcutaneous ganglia, whether continuous with nervous branches or not, may be extirpated in the same manner. The surgeon makes a small incision over them, lays bare the tumour, seizes it with a hook, and dissects it out; a good deal of the fatty cellular tissue on which it rests should be removed at the same time, in order to be sure that the whole of the diseased structure has been taken away. When the tumour is very large you may be compelled to make a T, or a crucial incision, or perhaps the semi-lunar one, which I prefer for excision of tumours, generally; the morbid product once removed, you have merely a simple wound to treat, which soon unites by the first intention.

In cases of deep-seated ganglia, the operation is much more severe; you have to divide fasciæ, and sometimes dissect the surrounding parts very deeply; you cannot tell, in fact, how far the incisions may be required to extend. When the surgeon has divided the skin to the extent which he may deem necessary, he passes the finger to the bottom of the wound, for the purpose of ascertaining the exact position and size of the tumour; should it seem necessary, he divides the skin still further, and then makes a free incision through the aponeurosis, unless there should be some important vessels or nerves in the neighbourhood. In the latter case he makes a small opening into the fascia, then passes a director underneath, and cuts without danger. The edges of the wound are now held on one side by an assistant, and the operator, having divided the subjacent tissues in a careful manner, exposes the tumour and dissects it with caution, to ascertain if it be connected with a small or large nervous branch. When the branch is small it may be divided at once, but when large he must endeavour to preserve it intact. Sometimes, however, it becomes necessary to remove a portion of a considerable nerve; here you must begin by dividing the upper part of the nervous branch, to cut off its communication with the centre of sensation. Though the continuity of a large nerve may be destroyed, it by no means follows that all sensation and motion are subsequently lost in the parts to which it is distributed. We often find these functions re-established after the removal of one or two inches of the principal nerves of the arm.

When the tumour has been removed and the bleeding arrested, the wound may be dressed, according as you propose healing it by the first or second intention. In cases of subaponeurotic ganglia, you must not be too partial to union by the first intention, because inflammation and suppuration are apt to spread along the loose cellular tissue which connects the muscles together. The surgeon seldom finds it necessary to have recourse to amputation for the cure of this disease. However, Louis, Odier, and Dr. Warren, have amputated in cases of this kind; but such an extreme measure should never be had recourse to, unless the limb be extensively disorganised.

The operation which I am now about to perform on our patient will be a very simple one, as the tumour is not connected with any considerable nerve or vessel. [M. Velpeau made a longitudinal incision over the tumour, dissected it out, and brought the edges of the wound together at once. The patient was cured in a few days.]

I shall now, Gentlemen, make a few observations on the extirpation of painful nervous tumours in the different regions of the body.

#### *Ganglia of the Upper Extremity.*

Superficial tumours of the hand or forearm may be removed in the same manner. When incising the skin, you place the limb so as to bring the tumour immediately before you; and having removed this latter, you unite the wound by the first intention. In

a case mentioned by Neumann, the tumour had existed for more than thirty years, and occupied the lower and inner part of the forearm; he divided the skin, but was compelled to take up several small vessels, although the tumour was not larger than a pea. In operating over the region of the elbow joint, you must be careful of the synovial capsule and articulation. In the *arm*, you have to avoid wounding the basilic or cephalic veins, and nerves which run beneath the fascia; here, however, the wound is most easily dressed, and readily unites by the first intention.

#### *Ganglia of the Lower Extremity.*

In the case where I extirpated a tumour of this kind from the sole of the foot, I adopted the following method:—An incision was made over the tumour, about an inch in length; a hook was then fixed in it, and the tumour dissected out by a few strokes of the scalpel; the wound was closed at once, and in a week the patient left the hospital quite well. The same proceeding may be followed when the tumour occupies the inner ankle, or side of the leg. On the knee, or in the neighbourhood of the patella, the limb must be flexed or extended, according to the mobility of the tumour; when the latter has been removed, the limb should be placed on a pillow, in a state of moderate flexion. When the ganglion occupies the external or posterior regions of the thigh or leg, the patient may be placed in the prone position.

#### *Deep Ganglia of the Upper Extremity.*

When the surgeon is called on to extirpate a deep-seated ganglion of the *forearm*, he incises the skin and exposes the tumour in the same way as if he were cutting down on one of the large nerves of this region. In Cheselden's case, the tumour occupied the middle of the ulnar nerve, but he omits to say whether in the arm or forearm. Having isolated the tumour, the surgeon must separate the nerve from the artery before he thinks of making the double section of the former. As the median nerve, however, is nearly equidistant from the two main arteries, it may be divided with less fear.

#### *Arm.*

The ganglia may occupy the radial, ulnar, median, or cutaneous nerves. In a case related by Hunter, he cut down on the ganglion which was seated over the musculo-cutaneous nerve, and removed it, together with three inches of the nerve. At first there was loss of sensibility in the thumb and index finger, but this was soon restored, and the patient recovered rapidly. In 1838 I operated on a woman affected with a tumour, of the species now under consideration, in the middle of the arm. I made an incision two inches long between the lower edge of the deltoid and the head of the long supinator; dividing the tissues, layer by layer, I came to the fibres of the biceps, without touching the cephalic vein, fixed a hook in the ganglion, and excised it; its seat was probably in the substance of the musculo-cutaneous nerve. The wound was united by the first intention, and the case did well.

When the large nerves of the arm are implicated, the operation becomes more serious. The tumour described by Dubois as being as large as a melon, and occupying the median nerve, was extirpated by a crucial incision; a considerable portion of the nerve was excised, and the sensibility of the fingers lost. In Reiche's case the tumour was seated in the ulnar nerve; he divided the integuments to the extent of five inches; several small arteries were cut through, and finally the tumour, together with four inches of the ulnar nerve, was extirpated. The pain, which was at first extremely violent, abated, and the patient was cured, with no other inconvenience than slight insensibility of the little finger.

In cases of this kind, then, you have to operate as



if you were going to take up the ulnar or radial arteries, with this difference, that you are guided by the tumour to the trunk of the nerve, which is raised up with it.

Painful ganglia may also exist in the axilla, above the fascia. Sir E. Home extirpated one of this kind from the axillary nerve, but he relates no particulars; he simply states that the operation excited no immediate bad effects, but that violent inflammation of the axilla came on soon afterwards, and destroyed the patient in eight days. When the tumour occupies, as we have said, the axilla, the surgeon separates the limb widely from the chest, and divides the tissues in the way directed for taking up the axillary artery; to avoid the accident which occurred in Sir E. Home's case, the wound should be dressed with lint and kept open, as is done after removal of the axillary ganglia.

#### *Deep Tumour of the Lower Extremity.*

All the nerves distributed to this extremity may be affected with painful ganglia, but little has been said except on tumours of the subcutaneous nerves. Short mentions a case which seems to refer to a tumour seated in the deep region of the thigh; he removed it with a scalpel and pair of forceps. In all cases, however, you must be directed by your knowledge of the anatomy of the nerves of the limb. I have seen many cases of deep tumour of the nerves of the thigh; one patient was affected with several of them beneath the fascia lata; he died, and I examined the ganglia carefully. The tumour of the thigh was exposed by a longitudinal incision of two inches and a half in extent; on dividing the aponeurosis, I had to follow the tumour down between the triceps muscles, where it formed a large mass in one of the branches of the crural nerve. A similar tumour was seated in the upper part of the thigh, completely concealed by the Sartorius muscle. I also saw a case of ganglion which occupied the sciatic nerve; it was seated on the back of the thigh, about four inches below the buttock; it had existed for several years, and acquired the size of a child's head. The tumour was extirpated in the following manner:—The patient was placed on his belly, with the legs separated, and supported by assistants. I made an incision six inches long from the ischium, dividing the subcutaneous fascia and the fascia lata; the tumour was thus exposed, drawn backwards, and dissected with caution from the edge of the biceps; it was now evident that the tumour was confounded with the sciatic nerve. The fear of gangrene or paralysis made me hesitate for a moment, and reflect whether it might not be possible to separate the tumour from the filaments of the nerve. I detached the circumference, and dissected the upper and lower parts of the nerve, as if I were making an anatomical preparation, and found that about one third of its thickness was free, while the remainder was spread all over the bottom of the tumour. The patient bore this painful dissection with the greatest fortitude, and this gave me additional courage to proceed. I, therefore, dissected away each filament, pushed them aside, and at last proceeded in completely isolating the tumour. The cavity which remained was large enough to contain my two fists; I filled it with lint. During the first fortnight the patient complained of numbness and incapability of moving the parts about the foot and ankle, but these gradually disappeared, and she was completely cured in three months. M. Chelius and M. Roux have published similar cases; but in that mentioned by the latter surgeon the tumour was cancerous, and finally destroyed the patient.

#### *Ganglia in the Neck.*

I am not aware that authors speak of painful tumours in this region of the body, but the following, observed by M. Berard, appears to be an example:—A woman suffered such agonizing pain from a tumour

seated over the carotid artery, that she earnestly demanded to be relieved from it by operation. A deep-seated small tumour could be felt over the course of the pneumo-gastric nerve; but the woman died before an operation could be performed.

#### *Ganglia of the Thorax.*

The chest is frequently the seat of painful nervous tumours; I have often removed them from this part of the body. A lady suffered for many years from neuralgic pains in the right side of the chest. There was a small tumour, about the size and shape of an almond, between the tenth and eleventh ribs; and the pain seemed to originate from this point. In order to expose the tumour I had to divide the integuments to the extent of two inches, the subcutaneous fascia, some fibres of the dorsal and external oblique muscles, and the layer of tissue which covers the external intercostal muscles. When the tumour was raised up by a hook the patient experienced violent pain; it was easily removed, and complete recovery ensued in a short time. A year afterwards, however, I had to perform a similar operation on the same patient for another tumour, which appeared about an inch below and behind the first one. After this the patient had no relapse.

In 1836, there was a young girl at la Charité affected with a painful tumour in the same region, but on the opposite side of the body. In this case, although the ganglion was subcutaneous, I was unable to heal the wound by the first intention. I have seen a third case of painful ganglion in the same region, in a female; and am inclined to think that the friction caused by the petticoat or robe may have been an exciting cause of the disease.

To sum up, Gentlemen, what I have said on the subject of painful ganglia, you perceive that this species of tumour, being usually single and isolated, is easily removed by operation. When the nerve with which the ganglion is connected is small, you may remove the nerve and tumour together; when the nervous branch is large, especially if it be the sciatic nerve, you must use every exertion to detach the tumour from it. Should you, however, find this impossible, and the patient suffer greatly, you must divide the nerve at all risks. Experience shows us that the operation is attended with little danger, and the functions of the part but slightly disturbed. Indeed, the sensibility and power of motion often return after the division of large nervous trunks. M. Malagodi excised a considerable portion of the sciatic nerve in a case of sciatica, which had resisted every other means of treatment; the limb was at first paralysed, but gradually recovered its power of motion, and the patient was completely cured at the end of twelve months.

#### ON

#### THE USE OF BENZOIC ACID,

#### IN CERTAIN

#### AFFECTIONS OF THE URINARY ORGANS

By J. K. WALKER, M.D.,

Physician to the Huddersfield Infirmary.

In one of the former Numbers of the "Provincial Journal" is recorded a very interesting physiological fact, noticed by Mr. Ure, concerning the liability of persons affected with gout, to effusion of a white liquid into many of the internal cavities of the body, consisting of serum and urate of soda, with sometimes a little urate of lime. Other phenomena, also, are detailed, which it is the less necessary for me to describe, as they have, doubtless, attracted the notice of all your readers. My object is to confirm the accuracy of Mr.



Ure's account, so far as relates to the salutary effect of the benzoic acid, when used as a medicine, and especially in many cases where the urinary secretion is in a diseased state, in persons of a gouty habit, where there is some disease of the prostate gland, or where the bladder is in an irritable state, and where catarrhus vesicæ exists, as is often the case in old persons. It is well known that there are from twenty to thirty different ingredients in the urine, but its characteristic component part is urea, usually present in healthy urine; but it is only latterly that any useful results have followed from a better knowledge of the chemical contents of this important secretion. Nor have all the discussions to ascertain whether the urinary organs merely separate the fluids from the blood, or whether entirely new products are formed (no part of the peculiar secretion previously existing in the blood), or whether the elements previously existed in the blood, added much to our stock of knowledge, or given rise to any practical improvement in the treatment of disease. In certain conditions of the urine, both alkalies and acids are used by all practitioners, but few have made trials of the efficacy of benzoic acid with a view to modify the chemical composition of the urine.

There are few more distressing complaints than those seated in the bladder, which so often occur in the decline of life, as well as in persons much engaged in sedentary employments. There may be no gouty diathesis, no affection of the prostate gland, no calculus in the bladder, no hæmorrhoidal tumours, or any other affection of any viscus adjacent to the bladder, yet the functions of the bladder itself may be impaired, and more or less difficulty in passing the water may arise, so as to embitter the declining years of life, and gradually superinduce constitutional decay. Such instances occur to every practitioner, and are amongst the most intractable as well as painful he has to encounter. Nor is this distressing affection peculiar to those who have led an irregular and intemperate life, but occasionally attacks the most regular and temperate men, as they advance in years. Sometimes the mucous membrane of the bladder becomes thickened, indurated, or ulcerated, and a considerable quantity of mucus or pus passes off with the urine, giving to it the appearance of whey, and now and then blood is discharged. The dysuria, of which I am now speaking, is of a chronic kind, and incidental chiefly to persons in the decline of life—the “*dysuria senilis*,” if I may so term it—and is not always accompanied with excess of gravel in the bladder. In some instances there is little or no gravely sediment; in others the contrary, with a large deposit of urates. Sometimes there is mixed with the mucous sediment some particles of gravel. But all these circumstances are familiar to the profession. Indeed, the natural tendency to disease of the urinary organs in advanced life is a circumstance remarked by Hippocrates himself, who observes, “*Renum et vesicæ dolores difficulter sanantur in senibus*.” But if there is no stone in the bladder it may go on for years, if proper care is taken to avoid any undue source of irritation in the mode of living, and where there is no material pain or fever. It more frequently happens, however, that, with the strictest attention to every precaution, a very slight cause, even *sudden change* in the weather, will be followed by increased dysuria. Many are the remedies usually had recourse to. The *uva ursi*, *buchu*, *balsam. copaibæ*, with other similar medicines, are sometimes useful. With others, gentle aperients taken from time to time, and anodyne glysters, are more beneficial; and even the injection into the bladder, now and then, of some emollient decoction, by means of a vesicæ lotura, with a view to allay irritation, have been found very useful. But the use of benzoic acid is among the latest of the modes of treatment; and so far as I can judge from its exhibition in several cases of *dysuria senilis*, under my own

care during the last few months, I am inclined to augur very favourably of its utility. In some instances we may account for the benefit resulting from its use by its chemical action on the urates, which, if in excess, may add to the acrimony of the water, and thus prove a source of irritation to the mucous membrane of the bladder. But it is often of service where the gravel in the *urine* is inconsiderable, and where the irritation and pain would seem to have arisen from some other cause. Amongst other instances where I have witnessed the beneficial influence of the benzoic acid, I have selected the following, of a recent occurrence:—

Joseph L.—d, aged 77, a dissenting minister, residing in this neighbourhood, became my patient some months ago, in consequence of a very painful and often difficult passage of his water, an affection under which he had laboured for years, but especially during the winter season. He has been a widower for many years, and his habits have been uniformly and strictly regular and temperate. He has been remarkably free from illness of every description previously to the present complaint. There is no perceptible disease in the prostate gland, and he has never been troubled with gouty symptoms. He has undergone a variety of treatment from his professional advisers, from which he occasionally derived partial and temporary relief. There appears to be a glairy mucous sediment in the urine, in which, on examination, some gravely particles may be discovered. The pain, however, at this time (which was early in December last), especially in voiding his urine, was very great, and did not yield to fomentations, anodynes, and detergent balsams, which were very judiciously resorted to. The benzoic acid, in doses of from five to ten grains, was ordered along with the balsam of copaiva, three or four times a day, with the addition of a small quantity of the *tinctura camphoræ composit.*, and by persisting in its use for several weeks, the urine became less turbid, and the pain and frequent desire to make water gradually left him; and, at the distance of two months from the day he commenced the benzoic acid, he described himself as free from his troublesome symptoms, and is at this time improved in his general health, in a manner which has surprised as well as gratified all who know him.

Among a considerable number of cases of patients of the Huddersfield Infirmary, to whom I have successfully administered the benzoic acid, I will select the following, all occurring within the last four months:—

CASE II.—William Hastings, aged 64, a widower, and formerly a man of very intemperate habits, applied for relief for frequent pain in the loins and distress in voiding his urine, which had, especially of late, been loaded with gravely particles, and considerable deposition of mucus. Had been treated with mercurials under an impression that his symptoms were in a great measure, if not entirely, dependant on hepatic derangement; but though relieved in many respects, yet he continued to experience frequent pain in the loins and in the region of the bladder; nor did his dysuria abate in the smallest degree for several months, though under medical treatment and in the use of the usual remedies, until he had for a considerable time taken the benzoic acid mixture, varied from time to time, according to circumstances. On the 14th of this month he visited the infirmary, with *all* his symptoms effectually relieved, and considers himself as in a state to be dismissed as cured from the institution.

CASE III.—Robert Harley, aged 68, residing at Henley, was admitted an out-patient of the infirmary, January 3, with a complaint in his bladder, as he termed it, accompanied with occasional rigors and pain in the loins. He parts with his water with great difficulty, and it is usually turbid; attributes his com-



plaint merely to cold, as he has enjoyed a good state of health, and is, from his own account, a man of temperate habits. Except occasional aperients he took no other medicine than the copaiba and benzoic acid mixture, and at his last attendance at the infirmary considered himself quite relieved in all his symptoms. This was one of the milder description of cases, arising from his age more than from any other cause.

CASE IV.—John Brook, aged 57, was troubled last winter with great uneasiness in making water, for which he received relief from medicine and dietetic treatment. He was admitted an out-patient of the infirmary in the early part of this winter, with an attack of his old complaint of more than ordinary severity. The pain was very great in passing his water, which, he says, comes away in drops; says that he has been more or less troubled with this affection for three or four years, although a man of temperate habits; apparently no part is affected but the urinary organs, and his bowels have been kept regular by occasional aperients. The use of linseed-tea and barley-water causes less distress in passing water, though there is still a considerable sediment. This man took little else than the balsam of copaiba mixture, with the benzoic acid, for about six weeks, when he expressed himself as decidedly relieved, and in the enjoyment of more ease than had fallen to his lot for the last few years past.

There are some other cases of a similar description, occurring in patients at an advanced stage of life, which I find in my note-book, but differing so little either in the symptoms or the treatment, from those already described, that I should be inexcusable in occupying your pages with mere repetition. I may mention, however, that in one of the cases the use of the benzoic acid mixture was followed by a rash over a great part of the body. This, however, is a circumstance by no means peculiar to benzoic acid, as other medicines have in some instances, from some peculiarity of temperament, produced the same effect. Permit me to recommend, therefore, to your readers a further trial of the utility of this powerful acid. It is very sparingly soluble in cold water, but is soluble, without change, in alcohol. The benzoates, however, I believe, are soluble in water, and the benzoate of ammonia may, in some instances of dysuria senilis, prove more efficacious than the simple acid. The benzoic acid is a constituent of balsam of Tolu, of Peru, benzoin, storax, &c. &c. It will probably be found that, in other complaints as well as diseases of the urinary organs, its efficacy may be much greater than we have hitherto been led to expect.

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#### CASE OF SUCCESSFUL

#### AMPUTATION IN SPREADING GANGRENE,

FROM

#### GUN-SHOT WOUND.

By JONATHAN TOOGOOD, Esq., Surgeon, Bridgwater.

As every additional fact illustrating a doubtful point of practice must possess some value, I hope the following corroboration of the soundness of the practice adopted by Mr. Dodd, in a case of spreading gangrene, as related in your Journal of the 22nd of January, will be acceptable to your readers. Until M. Larrey proposed amputation in cases of traumatic gangrene, I believe the unfortunate subjects of that disease were abandoned to their fate. Such has been my experience in public and private practice. The idea of an operation under such circumstances was universally reprobated, and the surgeon who ventured to propose it, subjected himself to the imputation of rashness and inexperience, and was considered to have acquired but a very imperfect knowledge of his profession. I

confess that it has always appeared to me better to offer the patient the chance which a doubtful operation would afford than leave him to certain death, and I have never ceased to regret having yielded an opinion to others in two cases in which subsequent experience justifies me in believing that the operation would have been successful. It was, therefore, with great satisfaction that I found the opinion of so high an authority as M. Larrey coinciding with my own, which at once determined me to carry the plan into effect whenever an opportunity offered. The following case occurred in the practice of Mr. John G. Toogood about two years since.

Charles Tuck, a farm servant, aged 24, received the contents of a common fowling piece in the hand on Friday, the 4th of February, which passed up the flexor muscles and through the integuments of the forearm about three inches above the wrist. A neighbouring surgeon saw him soon after the accident, and directed cold applications and rest. On the following Monday he was admitted into the Bridgwater Infirmary. There was a ragged wound at each opening, the limb was but little swollen, and the only unfavourable appearance was, that the nails looked rather dark coloured. There was very little constitutional disturbance. He was put to bed, a poultice applied over the whole limb, and the usual treatment directed. On the next day the aspect of the limb was the same; but as there was more swelling in the evening and some heat, leeches and fomentations were ordered. He slept perfectly well until five o'clock the following morning (Wednesday), when he was awoke by pain, which rapidly increased and became very severe. At seven o'clock the limb was found to be gangrenous to the elbow, and before his consent to its removal could be obtained, and the necessary preparation made, it extended so high up, as barely to leave room to amputate close to the shoulder joint. There was no line of demarcation, but I cannot, at this distance of time, recollect the precise point to which the crepitus extended, but I am inclined to believe it was quite up to the joint, as it was debated whether it would not be the safest plan to remove the bone from the socket. Very little blood was lost during the operation; the constitutional irritation subsided in a few hours; the patient became tranquil and soon recovered.

The result of this case proves, that it would have been better to have removed the arm below the elbow on his admission; but the appearance of the limb, and the state of the patient, warranted the attempt to save it, although the discoloration of the nails excited some suspicion in my mind, and occasioned me to watch its progress with great anxiety. The rapidity with which the gangrene spread was very remarkable. There was no such appearance at five in the morning, the operation was decided on and performed soon after eight.

February, 1842.

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#### CASE OF OVARIAN DROPSY.

By J. B. KISSAM, M.D.

Mrs. D., aged thirty-five years, is the mother of ten children, had enjoyed good health till Feb. 1840, when she discovered an enlargement in the right side of the abdomen, and oedema of the lower limbs; in two months after she ceased to menstruate. Fluctuation being perceptible in the tumour, the use of calomel, squills, and digitalis was determined on. Under this treatment there was a decided diminution of size, and a single return of the monthly secretion. In September, however, the abdominal swelling again showed itself, with extensive anasarca of the lower half of the body, and of the abdomen, so great as to



make the fluctuation very obscure. Her general health remained unimpaired, and she only complained of the great weight, difficulty of respiration, and an inability to lie down. The remedies before tried were again resorted to, without benefit, and the increase of the fluid was so rapid, that paracentesis became necessary in January last. The puncture was made at the usual point, midway between the umbilicus and pubis. The depth of the adipose and infiltrated cellular tissues was so great (nearly three inches) that after making the external incision with a scalpel, a large trocar was passed entirely to the guard of the canula, and the latter firmly pressed inwards before the fluid could be made to flow. Instead of passing with the usual facility into the sack, the instrument seemed to meet with the resistance of a firm body, which was probably one of the tumours so commonly connected with the cyst in this disease. The fluid oozed so slowly from the wound, that the canula was withdrawn, and the incision left open, that the discharge might thus take place. On the following day it was ascertained that, in the course of a few hours, there had been evacuated forty-eight pints of a fluid, which soon firmly coagulated, and had precisely the appearance of blood; however, upon compressing a handful of it, it left no sanguineous stain; neither did the pulse give evidence of the system having sustained a loss of the vital fluid.

The abdomen, though somewhat softened, was not apparently much lessened in size. It was evident that the fluid was not entirely discharged; some relief was derived from the operation, and she was able to lie down for five or six weeks, after which a rapid reaccumulation took place. Medical treatment was resorted to, but without effect, and in the latter part of June it became necessary to repeat the operation. At this time the anasarca swelling of the abdomen and lower limbs was enormous, and fluctuation was discoverable only above the umbilicus. The patient could scarcely rise from her chair without assistance, and suffered much from dyspnoea; the measurement around the largest part of the body was *six feet and nine inches*. Owing to circumstances, my friend Dr. Hoffman advised me to make the incision and puncture above the umbilicus; from which a free discharge of transparent fluid was obtained, which soon coagulated. The inconvenience met with in the former operation, from the depth of the infiltrated cellular tissue, was at this time obviated by a suggestion from Prof. Gilman—viz., that the anasarca should be lessened around the point to be punctured, by pressing and kneading the part with the fingers for some minutes. After the perfect evacuation of the sac, the quantity drawn off proved by measurement to be *seventy-nine pints*.

The wound healed kindly, without any unpleasant symptoms. A new mode of treatment was now resorted to. She was put on the steady use of hydrarg., prot. iod., p. scillæ., and p. digital., which after five weeks slightly affected the gums, and acted very freely upon the kidneys. Three months have now elapsed, the patient's general health is very good, the anasarca has entirely disappeared, and she has once menstruated, being the second time in the period of eighteen months. From a recent examination by several medical friends, it is evident there is no return of the disease, both iliac regions being in a natural condition, and the abdomen perfectly flaccid.

From the previous speedy return of the disease, and the period which has elapsed since the last operation, I am led to hope that its reappearance need not be looked for; and that this may prove one of the few cases which yield to medical and surgical treatment combined.

#### REMARKS.

The sanguineous appearance of the fluid first evacuated was new to me and to those friends who saw it. The resemblance of the fluid to blood was so

exact, that most of those who saw it did not hesitate to pronounce it blood. Whence was this colour? Probably from a small quantity of blood being mingled with the fluid, the blood having flowed from some artery wounded in the operation. The trocar, as I have mentioned, seemed, after having penetrated the abdominal wall, to pass for some distance through a firm, dense structure. This was probably one of those tumours by which the walls of ovarian cysts are very frequently occupied—in it the blood-vessel which supplied the blood probably existed, and it was the dense fibrous structure of this tumour which prevented the free flow of the fluid on the first operation. That the bloody hue of the fluid was accidental is proved by the fact that, although the fluid was not entirely evacuated on the first operation, yet at the second it was found quite clear, though coagulable as before.—*New York Med. Gaz.*, September 15, 1841.

#### A CASE OF

#### MUSCULAR AMAUROSIS,

CURED BY THE

#### SECTION OF ONE RECTUS MUSCLE.

By JAMES J. ADAMS.

Mary Engling, aged 15, a stout, ruddy, and healthy looking girl, says that, with the exception of being subject to headaches, she enjoys very good health.

Oct. 11, 1841. The appearance of her eyes is not quite natural or healthy; the left appears to be smaller than the right, its cornea is partly covered by an opacity, the result of ulceration; one large blood-vessel, with three or four smaller vessels, passes from the conjunctivæ scleroticæ to the surface of the opacity; the conjunctivæ scleroticæ are reddened in various parts, particularly at their superior portions, by numerous distended blood-vessels; the conjunctivæ palpebrarum are of a red dusky colour, and villous; the tarsal margins of the palpebræ are red, incrustated by mucus, and nearly deprived of cilia; she is much troubled by lachrymation and intolerance of light; the position, and association of her eyes, are natural; convergence, extreme and equal; inversion, more than complete by a full third of the surface of each cornea; eversion, very complete in both; sight, with both eyes open, very defective when required to be exercised by reading, working with a needle, or by close employment of the eyes; she cannot see to read a full-sized print for longer than one quarter of an hour without producing such a degree of blindness, as will prevent her from seeing the form of large letters, and will require her to rest the eyes during many hours before the sight will be recovered to its usual state. During her attempts to read for the quarter of an hour, she would feel herself compelled to rest her eyes for a few seconds at a time after the expiration of each minute; the necessity for the momentary rests seems to arise from an appearance which the letters assume after being looked at for one minute; they appear to mix, dance, lose their distinctness, and vanish through a fog; the necessity for resting her eyes for many hours, after having used them during fifteen minutes, seems to depend on her incapability of seeing to read more than one or two words at a time without a dense mist appearing before her eyes, accompanied by profuse lachrymation, and much pain in the eyeballs and eyebrows. The same difficulty occurs when she is employed at needle-work, but not so speedily, she



being able to see to work during twenty or twenty-five minutes before a rest of long duration would be needed, though the momentary rests require to be as frequent. Fine needle-work—such as stitching or very small print—she cannot see when her sight is at its best state. To read or work she usually holds the object at about four inches from the eye, though I ascertained that, in a favourable light, she could see to read “pearl” at the distance of thirteen inches, and “double pica” at thirty-two inches, if both eyes were allowed to remain open; if the right eye alone was employed, “pearl” was seen at twelve inches, “double pica” at twenty-six inches; and if the left eye was used by itself, “pearl” could not be seen beyond eight inches, or “double pica” beyond twenty-four inches. The distances above given, are the extreme lengths from which she can see to distinguish print under the most favourable circumstances. I also observed that her power of seeing at such distances was constantly varying; in some now and then she could not, by her best efforts, see beyond half the above-mentioned distances.

If either eye be used by itself, a dimness would appear before it more quickly than if both eyes were employed, and the dimness in the left eye will occur more rapidly than in the right. She complains much of pains across the forehead, in the temples, over the eyebrows, and in the eyeballs; the pains are, in their attendance, nearly constant; but are felt severely during the first two hours of the morning, at candle-light, and after any exertion of the eyes, or over exertion of the body. By candle-light she cannot see to read more than a few words of very large print.

Her history is, that when a child at two years of age, she caught cold in both her eyes, which remained affected during several months, and left a chronic inflammation of the palpebræ and their tarsal edges; from the date of the first attack of cold to the present time she has been subject to repeated fresh attacks of cold, attended by severe inflammation. She says that her sight was not observed to be much affected till about two years since, when the above-described symptoms commenced, and they have continued gradually to increase in severity till now. Her catamenia have been regular and natural during the last eighteen months.

Nov. 19. In consequence of the very irritable state of the left eye, the vascular condition of the conjunctiva, and of the corneal opacity, I have delayed to operate; and, in the mean time, applied myself to the treatment of the vascular opacity. This affection had been previously combated, but without success, by an eminent ophthalmic surgeon, with mercury, purgatives, alteratives, local depletion, and counter-irritation. The treatment which I adopted was the careful application of lunar caustic across the trunk of the principal vessel, which passed from the conjunctiva to the centre of the lymph; in the course of a few days a slight thickening had taken place around the point of the vessel which had been touched by the caustic; that portion of the vessel which previously had extended between the point touched and the centre of the opacity had entirely disappeared, and the opacity was less dense, but numerous, and apparently freshly filled vessels, surrounded the obliterated part of the old vessel; and many of them extended to the border of the corneal opacity. At present the thickening, or deposit of lymph, which recently existed where the caustic had been applied, has disappeared, and with it all traces of the old blood-vessel; the numerous small blood-vessels which were seen early after the obliteration of the large vessel have, likewise, very nearly disappeared, and the large opaque mass of lymph on the surface of the cornea is gone; a slight haze alone remains; the intolerance of light and lachrymation are diminished; and her eyes are less irritable in their appearance than when I first saw her in the month of October last.

The state of her sight is, in every respect, the same as reported in the foregoing pages.

22. I divided the left internal rectus muscle, and separated it from its cellular connections after the manner I usually do; the muscle was larger than usual, and the result of its division was a divergence of the left cornea from its centre.

24. Position of the right eyes central, that of the left slightly divergent from its centre; sight, with both eyes open, very confused and indistinct; sight in the left eye, when the right is closed, stronger and clearer than before operation. Treatment, to close the right eye by a bandage.

27. Position of the eyes as at last report; sight in the left eye improved; she can see to read “pearl” by it at thirteen inches, and “double pica” at three feet; its dimness after exertion is less dense, and does not take place so quickly as heretofore; she has not felt any pains in the head, brows, or eyes, since the third day after operation.

She says that, during the two days succeeding the day of operation, she felt, when both eyes were open, very giddy, and since then, that her sight has been more confused than previously to operation; that objects have appeared to be larger than natural, and to be in constant motion, but not double; also that these symptoms were always immediately relieved by the closure of either eye. This morning all the above described symptoms ceased, and have not yet returned. To continue the use of the bandage to the right eye.

Dec. 7. Position and prominence of both eyes perfectly natural. Association, not quite natural; the cornea of either eye being diverged, if its lids be closed, while that of its fellow is slightly inverted; convergence, full and equal at two inches; repulsion, in the left eye nearly central—i.e., if an object be held close to the root of the nose, the cornea of the left eye turns towards its natural central position, while that of the right eye is more and more converged; previously to operation, not the least degree of repulsion could be detected, and the power of convergence was extreme and equal. Inversion, just complete in the left, and more than complete in the right, by one third the extent of its corneal surface. Eversion in the right complete; in the left more than complete by nearly one quarter of the surface of the cornea.

Sight, with both eyes open, much improved; she can see to read the print of a newspaper for the space of an hour, without being required to rest her eyes, no dimness nor pain being experienced during that time, though at the end of an hour's exertion of the eyes she has been compelled to rest them, in consequence of profuse lachrymation. “Pearl” can be read at twenty-six inches, and “double pica” at five feet. By the left eye alone, she can see to read “pearl” at twenty-four inches, and “double pica” at four and a half feet; sight in the right eye not quite so perfect as in the left; “pearl” cannot be seen by it beyond the distance of twenty-one inches, nor “double pica” beyond three feet, and a dimness after exertion of this eye appears before the sight. So that, by the late operation, the clearness and power of vision for distance, in both eyes, has been improved, which now, contrary to its state previously to operation, exceeds in the vision of the right eye.

Not the slightest degree of pain has been felt in the head or eyes during the last seven days.

20. Position, prominence, and association of the eyes, perfectly natural; convergence, slight and equal at four inches; repulsion of the left commences when the object is held at one inch from the root of the nose; a nearer approach of the object causes an instant increase to the repulsion, which continues as the object is neared, till the left cornea becomes just central. The eye, when thus repelled, does not remain steadily in its central position, but oscillates violently from side to side, as if a strong and irregular



antagonising action was taking place between its external and internal recti muscles; inversion just complete in the left eye, and more than complete in the right by one third of its corneal surface; eversion complete in the right, and more than complete in the left by nearly half of the corneal surface.

Sight, with both eyes open, very much improved; she has on several occasions during the past week read newspaper print for two hours at a time, without experiencing dimness of her sight, watering of her eyes, pain, or in fact any kind of inconvenience; and she has also worked at her needle during four hours per day with the like degree of comfort, with the exception of her feeling at times a slight pain in the left temple, which occasionally will extend to the right temple and to the back of the head, which lasts for about an hour; she may be said to be free from all the symptoms of her complaint. With both eyes open she can see to read "pearl" at twenty-six inches, and "double pica" at upwards of five feet; by the left, "pearl" at twenty-five inches, and "double pica" at five feet; by the right, "pearl" at twenty-one inches, "double pica" at three and a half feet; so that the power of the left eye very nearly equals the perfection of that experienced when both eyes are open, and it exceeds the power of the right; the slight pains of which she recently complained are now only felt at the first part of the morning, and during the middle of the day; exertion of the body or eyes does not appear to excite them.

The general appearance is greatly improved; the conjunctivæ scleroticæ have become nearly free from redness, and the lining of the palpebræ are nearly natural; they are no longer villous, but simply more vascular than is usual during health; the tarsal margins are less red and irritable, mucous secretion is seldom seen to encrust on them, and her eyes are not, as formerly, filled with tears when exposed to ordinary daylight; indeed she can now face a strong light without a tear flowing over the cheek.

Jan. 24, 1842. Her sight remains perfectly good, and the pains formerly felt in her head and eyes have entirely ceased; she can see to read easily the finely engraved words of the Lord's Prayer, as engraved within a circle of less circumference than a fourpenny piece. The general appearances of her conjunctivæ are more natural than I have yet seen them.

#### REMARKS.

If the above case be briefly reviewed, it will appear that a girl of fifteen years of age, and possessed of, in general, a good state of health, with eyes naturally placed, was so defective in sight, that she usually held small objects and print at about three or four inches distant from the eyes, if she wished to examine or to read them; and if she was desirous to continue to gaze on the object or to read, she could not do so beyond the space of one minute at a time without a short rest of the eyes; nor beyond fifteen minutes without feeling a necessity for a rest of them of long duration. The sight in the left eye was worse than that of her right; its dimness was more rapidly produced after exertion, and its power of seeing to read "pearl" type did not extend beyond the distance of eight inches when her sight was at its best; with both eyes open, "pearl" could not be read beyond thirteen inches.

She had been subject to constant and severe pains in the head and eyeballs, which employment of the eyes always increased.

Her history made it probable that, from the second year of her birth, her sight had been defective, and

rendered it certain that the defect had increased during these last two years.

On the twenty-second day of November last, her left internal rectus muscle was divided, which was succeeded by a divergence of the left eye. On the second day after the operation, the sight in the left eye had much improved; at the end of a week the position of the left eye was still unnaturally diverged, but the sight improved; at the expiration of fourteen days from that of the operation, the position of both eyes had become natural; the sight in both eyes greatly improved; and the vision of the left eye made more clear and powerful than that of the right; also her pains had ceased.

The state of her eyes at six weeks after the division of the muscle, was thus:—The power of seeing to read "pearl" type, with both eyes open, was increased twofold; and with the left eye alone, threefold. The strength of her sight, as regards its power for continued exertion, was increased from one minute to about four hours—i.e., the eyes, instead of requiring to be rested at the end of each minute, did not need the slightest rest till after three or four hours of their use; the severe pains of her head and eyeballs had completely subsided, and an evident improvement in all the symptoms of the chronic inflammation and congestion of the tunics was present. So that the division and free separation of one muscle of an eye, natural in position, did at first produce a temporary change of that position, but lastly in no way altered the natural direction, or association of the eyes; and restored the eyes from a state of weakness, which had deprived the patient of the use and comfort of her sight, to a condition nearly natural and capable of enduring lengthened exertions with ease.

Broad Street, Feb. 1842.

### ON THE BEST METHOD OF EXAMINING THE AUDITORY APPARATUS.

By P. MENIERE,

Physician to the Royal Deaf and Dumb Institution, Paris.

(Concluded from page 154.)

#### THE MIDDLE EAR.

In what manner can we directly examine the cavity of the tympanum? How can we distinguish the various lesions which are seated in this part of the ear? The observations already made on catheterism of the Eustachian tube show what assistance may be derived from this means, in the diagnosis of diseases affecting the middle ear. When air is forced into the cavity of the tympanum, certain physical phenomena occur, the nature and value of which we can strictly determine. Let us now examine the practical application of these phenomena.

In a healthy state, the air which is introduced into the cavity of the tympanum produces no sound whatever; the *bruit de souffle* mentioned by Laennec can never be heard. When the Eustachian tube, however, is swollen, and allows the air to pass in occasionally, under strong expiration, then the elastic fluid rushes from time to time into the middle ear, distends the tympanum, and causes a dry sound, easily



recognised by the ear of the surgeon, if applied to that of the patient.

Again, when the air enters into a cavity, more or less filled with some fluid, it gives rise to a mucous r le, or gurgling sound, and indicates the existence of a catarrhal affection of the cavity. It is evident that we must have recourse to catheterism, whenever the patient is unable to force air into the cavity of the tympanum, and in such cases the operation of catheterism is as indispensable as that of sounding the bladder is in suspected cases of stone.

The recent experiments of MM. Tabari , Junod, and Pravaz, show that, in certain diseases of the middle ear, we can force out the air by increasing the atmospheric pressure. I have repeated the experiment on my own person, and felt that the increased pressure had the effect of depressing the tympanum, driving out the air and clearing the Eustachian tube. But this mode of proceeding is applicable to a limited range of cases.

The effect of exhausting the air over the tympanum, with a large cupping glass, has also been tried, but the blood is drawn in such quantities to the ear and meatus, that you can distinguish nothing of what passes. Instead of the cupping glass, a syringe has been tried, which closes hermetically the meatus; by exhausting the syringe, the membrana tympani is drawn outwards, and the air has a tendency to rush up through the Eustachian tube. This method forms the basis of a secret mode of treatment employed by an aurist of Paris; it should be used with great caution; extensive ecchymosis, and even h morrhage, are often produced by it, or the membrana tympani may be ruptured.

But, it may be asked, can we employ any instrument for the purpose of examining the middle ear? Can we determine the nature, quantity, and quality of the various fluids that may collect in this part? Have we any means of examining the position of the ossicula auditus, the sensibility of the inner surface of the tympanum, &c.? These questions have occupied the attention of aurists, and the following is a summary of what has been accomplished towards their solution.

I have already mentioned that the upper part of the Eustachian tube is too narrow to give passage to any kind of probe; the assertion of M. Deleau to the contrary must be rejected altogether. It appears, however, that Kramer passes up a catgut, through a silver tube, into the middle ear, as far as the inner surface of the tympanum. I have tried this several times, but always failed; the slender thread of catgut is invariably arrested by the slightest tumefaction of the Eustachian tube. In some cases of constriction of this latter part, an attempt has been made to force a fine probe through it; but Saissy, who first made this rash attempt, did not succeed. Lastly, Perrin tried to force a passage into the middle ear, with Ducamp's instrument modified, but unsuccessfully. These failures induced some surgeons to perforate the membrana tympani, and thus arrive directly at the cavity. By this means, it is true, we can arrive at a certain diagnosis; but no surgeon would be authorised in having recourse to such a measure. Finally, some authors recommend us to perforate the mastoid process, and thus penetrate into the middle ear, a proceeding equally objectionable with the last named one.

Some cases have been published for the purpose of proving that pus and other fluids have made their way from the middle ear into the mouth or nostrils, through the Eustachian tube. It seems to me that these facts were not observed with sufficient care, and that such an occurrence could not have happened. The narrowness of the upper part of the tube, the manner in which it communicates with the cavity of the tympanum, and the structure of the mucous membrane of the Eustachian tube, militate against

the idea of any such spontaneous evacuation of matter. In this opinion, also, I am confirmed by a series of experiments which I made on this point; never have I been able to force anything from the middle ear into the Eustachian tube, unless the latter were perfectly healthy, and the fluid of the consistence of water. I also attempted to act directly on fluid contained in the cavity of the tympanum; having passed up a silver tube as far as it would go, I introduced a flexible metallic tube into the former, until it nearly reached the cavity, and then, on applying suction to the external orifice, succeeded in bringing down some fluid from the middle ear; these experiments, which were made on the dead subject, should be repeated on the living body. In one case, where the fluid seemed to be too thick (it was blood effused from a fall on the head), I injected a little tepid water up the tube, and then withdrew a fluid of a dark brown colour. As far as they go, these experiments lead me to think that we may hereafter arrive at some means of ascertaining exactly the nature of all fluids contained in the cavity of the tympanum. Kramer and Pilcher pass up, the one a fiddle-string, the other a flexible probe, into the middle ear, for the purpose of measuring the sensibility of the inner surface of the tympanum and neighbouring parts; I have never repeated this experiment, which appears to be rather dangerous; were it absolutely necessary to examine the middle ear, I should prefer removing a portion of the membrana tympani with Fabrizi's instrument. We should never forget that, in many cases, the natural transparency of the membrana tympani is sufficiently great to allow us to see into the middle ear, and that its transparency may be increased by moistening it with water or oil; besides, the surgeon is not justified in having recourse to extreme measures unless the disease be extremely severe, and the patient has nothing to lose by their employment.

#### *Mastoid Cells.*

I have examined the mastoid cells in a great number of bodies, and am convinced that they, as well as the cells at the base of the petrous portion of the temporal bone, are frequently the seat of important changes which have been completely overlooked. These cells are evidently appendages to the cavity, lined by a continuation of the same mucous membrane, and analogous in their organisation to it; the cells contain also a number of fibrous septa, the uses of which are unknown. Hence, it is not extraordinary that disordered conditions of one structure may be transmitted to the other.

But how are we to distinguish diseases of the mastoid cells during life? In many cases the extension of pain from the cavity of the tympanum to the neighbouring parts indicates the progress of inflammation to the petrous and mastoid cells; but this only occurs in acute inflammations, with tendency to abundant suppuration. The formation of a phlegmonous abscess may be detected here as well as in other parts of the body; but in most other cases the diagnosis is far from being easy. The surgeon must carefully examine the mastoid region to determine whether it has undergone any change of form, size, &c.

Chronic disease of the mastoid cells has a tendency to cause obliteration of their cavities, and when this occurs the process often disappears entirely in the course of time. In other cases we have an opposite state of things. Phthisical patients are often subject to the deposit of tubercles in the mastoid cells, and I possess a great number of temporal bones in which the successive deposit of tubercular matter may be followed in its various stages. On this interesting subject, however, I shall not dwell for the present, but merely observe, that the diseased actions consequent on the deposit of tubercles in the mastoid cells, give rise to various changes, to the obliteration of the cells, and the transformation of the apophysis into an



osseous mass, resembling one of the short bones. In many cases of this kind I have been able to diagnose the nature of the disease from the sounds produced by air blown into the cavity of the tympanum. The sound is very circumscribed, and not propagated by vibration to the neighbouring parts; it enters in small quantities, and is evidently confined to the cavity of the tympanum.

#### *Internal Ear.*

The name of nervous deafness is generally given to that form which is unconnected with disease of the external or middle ear. When the tympanum is sound, the Eustachian tube free, and there appears to be no obstacle to the transmission of sound from the exterior to the deep-seated parts, we conclude that the disease is seated in the internal ear.

This form of deafness may depend on two causes. The hard parts and their lining membrane may be affected, or the auditory nerve may be the seat of the disease. Formerly I was of opinion that the diagnosis of nervous deafness must be founded on rational symptoms alone, but experience has shown me that we may arrive at something more positive. I knew that some patients had accidentally removed complete deafness by passing an instrument into the external meatus, and touching the tympanum. I had seen a case of the kind myself, and, although the effect produced was not permanent, it had strongly excited my attention; but the following, which likewise passed under my own observation, seems to be worthy of serious reflection.

M. A., a retired judge, who laboured under a considerable degree of deafness, was in the habit of passing a long gold pin into the ear, for the purpose of exciting the sensibility of the tympanum. He had been long in the habit of employing this means, and it succeeded so well that he could follow the counsel during his speech for about an hour; in short, he had recourse to it as often as it was necessary to hear anything during the course of a trial. I was consulted by the judge on this curious case, and examined the external ear most carefully, but could perceive nothing except a superficial depression over the long process of the malleus. Here the epidermis was somewhat thickened, and resembled those small semicartilaginous spots which we often find in old persons. As the size of the meatus allowed me to see the whole surface of the tympanum easily, I requested the patient to repeat the manœuvre before me, and I saw clearly that the point of the needle was applied to the centre of the opaque spot already mentioned. Slight pressure then depressed the handle of the malleus, and increased the concavity of the tympanum. The sense of hearing was now instantaneously recovered, and the patient could hear the ticking of my watch at a distance of four inches. The patient experienced no pain, and although ten years have elapsed since he first had recourse to this singular mode of cure, it is still as efficacious as ever.

I have seen several analogous cases since the above, and draw from them the following conclusion:—

Pressure on the handle of the malleus is transmitted to the chain of bones, and through them to the foramen ovale; the motion must likewise influence the condition of the vestibule and neighbouring parts, and (to lay aside theory) we must admit that the sudden recovery of hearing in those cases must depend on the effect of motion transmitted through the ossicula to the internal ear.

I have often endeavoured to produce a similar effect on other patients labouring under nervous deafness, but with hardly any result; still, however, I cannot but think that the facts just mentioned will lead to some useful discoveries touching the diagnosis of diseases of the internal ear. Until then, we must remain content with rational signs. The existence of nervous deafness—that is, of deafness depending on

some lesion of the auditory nerve, is recognised by the absence of disease in the external or middle ear, and by the presence of signs indicating some change of nervous sensibility. The auditory sense is very seldom exalted to such a degree as to render hearing indistinct; but diminution of the power of hearing is very frequent, although means commonly adopted to measure the degree of diminution are, generally speaking, uncertain. Thus the ticking of a watch, and the distance at which it can be heard are far from giving a correct measure of the power of hearing. Some patients are unable to hear the tick of a watch placed close to the ear, although they can distinguish the voice much better than other persons who hear the watch at a distance of several feet. Experience proves that the organ of hearing has its predilections for certain sounds, and that deafness, which often appears to be complete, is in many cases merely relative.

In the foregoing observations I have endeavoured to show, that most diseases of the ear may be recognised by the assistance of certain simple and direct modes of investigation. The obscurity which pervades this class of diseases will, I feel convinced, disappear as soon as surgeons agree to investigate them in a proper manner. An attentive examination of the affected organs, together with the appreciation of physical signs and rational symptoms, will lead to a correct diagnosis, and the consequent adoption of effectual treatment.—*Gaz. Med. de Paris, No. 8.*

#### PROVINCIAL

### MEDICAL & SURGICAL JOURNAL

SATURDAY, FEBRUARY 26, 1842.

In a former number, when noticing the extent, character, and causes of suicide, we expressed the intention of giving some consideration to the subject of violent deaths in general. The main object of statistical researches upon population is the direct improvement of the condition of the general body; and wherever it can be shown that injury to a large amount is experienced, it becomes of especial importance that an attempt should be made to ascertain the causes, and modify their operation. From the last Report of the Registrar General, we find that the annual number of deaths from violence in England and Wales, out of a population of fifteen millions and a half, amounts to no less than 11,679, or, exclusive of suicides, to 10,679. This number of deaths, from accident or violence, is so great, and the proportion so much higher than what is found to occur in other populous countries, as to call for careful investigation. It is worthy of remark, that in France and Prussia countries in which both the number and proportion of suicides are greater than in England, the deaths from violence generally, exclusive of suicide, are less numerous; while in Sweden, where the proportions of deaths from suicide does not greatly differ from what obtains in this country, the proportion of accidental deaths is nearly as high as it is among our own population. In Austria, both the suicides and the violent deaths, from accident or other causes, would seem to be at a minimum.



The subjoined tables, drawn up partly from the Report and partly from other sources, exhibit the annual number of violent deaths, and the proportion to the population in the countries referred to:—

	Mean population.	Annual number of		
		Suicides.	Other violent deaths.	Total violent deaths.
Sweden . 1810-30	2,616,874	134	1,637	1,771
Austria . 1837	35,402,734	844	5,897	6,741
Prussia . 1820-34	12,393,162	1,112	4,912	6,024
France . 1839	34,154,224	2,747	6,402	9,149
England and Wales } 1838-9	15,666,800	1,000	10,679	11,679

## PROPORTION TO A POPULATION OF 100,000.

	Suicides.	Accidental deaths, &c.	Total violent deaths.
Sweden . . .	5.1	62.6	67.7
Austria . . .	2.3	16.6	19.0
Prussia . . .	9.0	39.6	48.6
France . . .	8.0	18.7	26.8
England & Wales	6.4	68.2	74.5

Mr. Farr endeavours to account for the very high proportion of violent deaths in England, by the energy and activity which prevail in every branch of its arts, manufactures, and commercial transactions. The extent of coast, rivers, and canals—the number of men employed in navigation—the number of fires, furnaces, and chemical processes in operation—the mines, manufactures, buildings, horses, carriages, railways, &c., and the vast amount of force and power of every description employed throughout the country—are relatively greater in England than in any other country; and he thinks, therefore, that the number of accidents does not imply any extraordinary negligence—that the danger in the manufactories, mines, and conveyances, is the same as in other countries, but that the frequency of exposure is far greater.

It is, however, sufficiently evident, that here, as in the case of suicide, preventive measures may be had course to with good effect. Thus, fewer lives are lost by shipwreck in the naval service of the country than in the merchant service. The accidents in well regulated factories and mines are neither so frequent, nor so fatal, as those in like establishments where due attention is not paid to the precautions necessary to

secure the workmen from injury. The introduction of the safety lamp has tended much to diminish the number and severity of accidents in mines. The heavy deodands awarded in cases of railroad accidents, and still more, perhaps, the expression of public feeling, by rendering it the interest of the proprietors and directors of these concerns to adopt precautions calculated to guard against each source of danger, as it becomes evident, have unquestionably tended much to render this mode of travelling safe as well as expeditious. The immediate personal risk, to which the engineers and their assistants are exposed, also operates as a powerful check upon negligence, and contributes, therefore, to the same end.

The frequency and severe nature of the accidents connected with the employment of machinery, in various manufactories, show that some provisions, by which many of these might be guarded against and prevented, are greatly needed. One, which might be adopted with advantage, is a general regulation, to be enforced by law, under a sufficient penalty, or by a heavy deodand in cases of inquest, by which all those parts of the machinery which are dangerous, and will admit of it, should be inclosed. Another, is the absolute prohibition of the carrying on of the various processes of a manufacture, by the same hands, for a period longer than what the human frame, whether adult or infant, is capable of supporting without overpowering weariness and fatigue. The number of accidental deaths might also be materially diminished by the prohibition of the indiscriminate sale of poisons, the prescription of a legally qualified medical practitioner being made imperative, when the poisonous substance is professedly required for medicinal purposes, or the order and signature of the master, when it is wanted for any purposes of trade or manufacture.

By attention to these and similar provisions, there is no doubt but that the number of deaths, and the amount of injury from what are termed accidental sources, might be greatly lessened. With respect to those which arise from causes such as have been alluded to, and from others in which personal carelessness, or the carelessness of parents and relatives is concerned, the influence of public opinion, and the lesson to be derived from the experience and personal suffering of others, may be well called forth and enforced through the medium of the public press. The publication of the miserable effects of intemperance in contributing to the prevalence of accidents, and the pointing out the warnings to be derived from loss of life through negligence, whether produced by fire or other agents, are as beneficial as the giving currency to tales of suicide and crime is injurious.

The investing of transactions of the latter class with a dramatic interest, and the holding up to imitation (for it is no otherwise in effect) the practices of the murderer of himself or others, are mischievous in the extreme. The false interest with which the convict or the suicide is invested—the public notice bestowed upon him—the making him the hero, a tragic one it is true, of an admiring circle of his own—and the giving to him a place upon the stage of the world

which, had he been an honest man, and a worthy member of society, he would probably never have filled—are practices which, for the common benefit of humanity, ought to be at once discontinued. The natural infirmities of man, in his most debased condition, are, by such means, pandered to, and even his vanity and self-esteem are thus made subservient to the development of the most atrocious wickedness.

Criminal practices should never be made the occasion of bestowing an unnatural fame on the author of them, and nothing can be in worse taste, or more calculated to render vice familiar, or attractive to persons of low and depraved tastes and pursuits, than the present mode of dressing up murderous and suicidal attempts. The petty crimes brought before the police courts are thus travestied solely with the view of interesting, we believe we may say, the whole class of rising and thriving thieves by profession. The effect is to give to their adventures a piquancy and zest, with a dash of enterprise, which, while it procures readers to the reports, doubtless has its effects in producing imitators of those who are the heroes of the tale. It is much to be desired that the literature of this country, and especially the periodical press, should be purged of all such noxious trash. Let its efforts, on the other hand, be enlisted in the endeavour to remedy the many evils which deform our manufacturing system—to promote measures of precaution in our factories and mines—to keep under due guidance and control those giant powers of machinery, which, stationary or locomotive, are employed so extensively, and are the source of so great and annual loss of valuable lives, and to hold up as warnings the miserable effects to which the want of fitting care so often gives rise.

That upwards of 11,600 deaths should annually take place in England and Wales from external causes alone—when in Austria, with a population above twice as numerous, the deaths from the same class of causes are not much above half the amount—calls for the most searching investigation. Of this number of deaths, a large proportion consists of men in the prime of life, many of them with wives and families dependent upon them for subsistence. These may be generally assumed to fall victims to the dangers attendant upon their occupations and employment; but another large portion of the deaths from external causes consists of helpless infants and children. Of 5,519 persons who died violent deaths, whose ages were ascertained, no less than 1,700 were under ten years of age, and may consequently be supposed to have fallen victims to negligence on the part of those to whose care they were intrusted. Supposing the same proportion to prevail in the whole number, we shall have nearly 3,400 infants and young children annually destroyed in this way. These are facts which ought to be extensively known. It ought to be known that in this country, professing a high degree of civilisation, the loss of infant life from carelessness alone amounts to as much as 163 per 100,000; that of every 100,000 children under 10 years of age, 163 annually perish by violent deaths—that is, mainly from the carelessness

of those who have the charge of them. The causes to which this amount of infant mortality from external agents is to be attributed, are chiefly fire, drowning, and poisoning; upon each of which a check might be placed, by making known to parents generally, the extent to which the fatal effects of negligence in these particulars proceeds. We believe that, were it duly impressed upon the minds of the parents that so great a loss of life occurs among their young children from carelessness with respect to fire, from allowing them to wander near the water and about the streets, exposed to casualties of all kinds, and from the improper administration of opiates and other powerful drugs by themselves or other unqualified persons, some diminution to the mortality from these causes would ensue. There is a disposition in the present day manifested both by the government, and from mistaken motives by benevolent persons also, to lessen the responsibility of the parents among the poorer classes. The separation of young children from their parents under any circumstances is to be deprecated, as tending to diminish the authority of the parent, and to deprive the child of those cares, and of that protection, which can never be supplied by any other means.

#### SIR JAMES GRAHAM'S MEDICAL BILL.

The last number of the "Medical Gazette" contains an outline of the main provisions of Sir James Graham's bill, on what the editor is facetiously pleased to call medical reform. The information contained in the "Gazette" has evidently been communicated from the College of Physicians; yet are we unwilling to believe that any minister of the crown would condescend to acknowledge, as his handiwork, such a tissue of mystification and humbug. The bill, if bill there be, might well be denominated "an act for the extension of medical monopoly;" but we shall reserve our remarks until we have the deed before us *in puris*. The bill does not contemplate, we are told, to diminish or increase (*merci*) the number of corporations which at present grant diplomas to practice. The nineteen corporate confusionists are, therefore, to have full swing. We had hoped to see them figure in another sense of the word. There is no clause for the suppression of quackery; but quacks will not be allowed to recover in a court of law, and the list of the members of each college will be more duly registered and made public.

The powers of the College of Physicians (here the cloven foot is put forth) are to be considerably augmented and extended. The license of the college is to be imposed on every provincial physician, by being made a necessary qualification for public offices. The seven-leagued boots of the college will stretch, at one fell step, from the Land's End to John o'Groat's.

The council of the College of Surgeons is henceforward to be chosen by a body of pure and distinguished surgeons, selected from the senior members of the profession.

The license to practise as an apothecary will still



be granted by the Apothecaries' Company; but, according to a species of jugglery which we do not understand, the company will not be empowered, under their new charter, to examine candidates for their own license. This duty will be discharged by a board composed in part of members of the College of Physicians, and in part of examiners from the Hall. The general practitioner will, therefore, have to pass *two* examinations; one before the College of Surgeons, the other before the apothico-physical board; and to compensate this double charge, we are gravely told that his privileges will be better guarded, "because no chemist will be able to recover by action any sum from those to whom he has given advice, or whom he has attended." This, in truth, is a boon of surpassing kindness. Can a chemist recover for medical advice or attendance in the present state of the law? We fancy not.

To superintend the several medical institutions, and give a concentrated force to their plans, "there is to be proposed (we use the elegant diction of the college authorities) a central medical board, composed of members of each corporation, with a certain number of non-professional gentlemen (members of the government, and others), through whom all the affairs relating to medical police, medical superintendence of public institutions, attendance on the poor, on prisons, &c., will be regulated—who, in a word, will be the immediately deciding council between the profession and the public at large."

Such are the main features of Sir James Graham's bill. We are, as we have already said, unwilling to discuss the several provisions alluded to, until we shall have the bill, with its details, before us. We trust that Sir James Graham will take an early opportunity of laying it before the profession. In so important a matter, private influence *must* not be permitted to corrupt the source of public justice.

## ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, Feb. 8, 1842.

Dr. WILLIAMS, President.

*On some of the more important Points in the Treatment of Strangulated Hernia.* By GEORGE MACILWAIN, Consulting Surgeon to the Finsbury Dispensary, &c., and formerly Surgeon to the City of London Truss Society.

The author commences by remarking on the too frequent fatality of strangulated hernia, and by sketching the mode of investigation through which the causes of this fatality can be safely exposed, and which he does not believe to be referable to the intrinsic danger of the malady.

In adverting to the symptoms, he thinks it material to separate those which are essential from those which are occasional or accessory; since, in first demonstrating peritonitis to belong to the latter division, it assists us in developing the true relations of that affection. The application of cold, the warm bath, and the tobacco enema, are briefly considered. The disadvantages of the two former are held as outweighing what is alleged in their favour; of the tobacco, he approves, with some exceptions, which are mentioned.

The taxis is represented as a measure which more frequently obviates the necessity of the operation, or, on the contrary, diminishes the chance of recovery, than almost any other measure singly considered. The author's experience obliges him to view it as a measure which is seldom properly employed, either as to the time or the principles by which its application should be governed, or the mode in which the manipulation should be conducted. These he describes together, with some signs by which the success or failure of the taxis may be generally prognosticated. Conducted as he has too frequently observed it, he considers that the actual mischief arising from the taxis has not been exaggerated by Dessault and other practical writers.

Bleeding, the author considers as having contributed largely to the catalogue of unsuccessful cases; and even in peritonitis, subsequent to the operation, he would place that remedy under considerable restrictions. He knows not how he can convey his opinion on the subject in abstract better, than by the concluding sentences of the section on this subject. His objections to bleeding generally are,

First. Because the faintness it produces can be more safely procured by the tobacco.

Second. Because the idea that bleeding is a preventive of inflammation in strangulated hernia, is, in a general sense, a mere assumption, since any power of this kind which it may exert in any case depends on special conditions, which have no immediate or necessary relation to strangulated hernia.

Third. Because such special conditions apart, bleeding has a direct tendency to diminish power, and that anything which persistently does so in cases of local injury, tends to convert inflammation which is circumscribed, healthy, and reparative, into the diffused, or some other morbid variety.

Fourth. Because where bleeding has been employed antecedently to the operation, and peritonitis occurs subsequently thereto (a common occurrence and a material fact), a remedy which might, however, in certain cases, prove useful, becomes embarrassingly restricted as to its proper application. The previous bleeding having exasperated the worst feature in all peritoneal inflammations—viz, coexistence of great excitement and little power.

Fifth. Because cases of this kind generally terminate fatally; and

Lastly. Because the practice of one who abstained from bleeding in every stage of the malady, was characterised by a success to which neither the author's reading nor experience affords any parallel. Purgatives are regarded as fruitful sources of mischief, whether viewed as measures directed to procure the reduction of the hernia, or as commonly employed after the operation. It was the intention of the author to have suggested the proper place and uses of this class of remedies, by the consideration of certain forms of hernia which are to be distinguished from those truly strangulated; but this plan the length of the paper obliged him to abandon. An explanation is offered of such cases as are alleged to have been reduced by the use of purgatives, which, whether regarded as satisfactory or not, still leaves the employment of these measures highly questionable, when their constant failure and manifold objections are fairly considered. Admitting the abstract fact implied in the terms acute and chronic forms of the disease, he considers that the practice founded on this distinction has proved highly destructive not only in relation to the use of purgatives, but to the general treatment, having, in fact, too frequently converted the most favourable cases into those of the most dangerous character. After some remarks on this subject, which he considers are supported even by those who most strongly insist on the distinctions referred to, the author considers the use of purgatives as instituted after the operation to which he is equally opposed.



On this subject, he regrets being obliged to differ with Mr. Lawrence and Mr. Travers. The excitation of the canal, under circumstances such as Mr. Travers himself admits to exist, appears to the author not only highly inadvisable, but it institutes the very conditions most favourable to the occurrence of peritonitis; regarding nothing more dangerous than irritants applied to the mucous membrane, whilst the alimentary canal is embarrassed as to its usual mode of dealing with such impressions. The directions in regard to purgatives which are quoted from Mr. Travers, the author considers to be such as few surgeons will follow; whilst from the assumption they involve as to the power of purgatives in the prevention and cure of peritonitis he entirely dissents, considering the practice which would place much reliance on purgatives in peritonitis as in the highest degree questionable. The collateral arguments deduced by Mr. Travers from certain cases of omental, and again from intestinal, hernia, wherein a portion only of the diameter of the gut has been engaged in the stricture, he holds as unsound, because his own observations, as well as the cases referred to in the notes, show that the facts of experience do not sanction the allegations. The author considers that when Mr. Lawrence allows of three or four hours as the interval previous to the employment of purgatives, he admits, in common with many other surgeons, the principle for which he (the author) would contend, but still so faintly, as to leave him obliged to differ scarcely less with this distinguished surgeon, in a practical sense, than he does with Mr. Travers. When Mr. Lawrence designates that "fear as groundless" which acknowledges the probability that purges may excite or aggravate the inflammation, he delivers (in the view of the author) an opinion not only unsupported by the whole of the facts of strangulated hernia, but one equally at variance with the pathology of serous membranes. So far, indeed, is he, the author, from doubting the competency of irritants primarily addressed to the mucous to produce inflammation of the serous membrane, that he considers that most cases of peritonitis are readily traceable to such causes. That although the pathology of the alimentary canal affords the most abundant evidence of this mode of causation, and most pertinent to the present subject, yet that analogous facts are deducible from many other sources, as it is the general character of serous membranes to derive their inflammatory affections from causes which demonstrably are addressed, in a primary sense, to the organs they invest, and that common swelled testicle is a trite and clear example of the whole chain of phenomena. The author considers that those cases in which peritonitis has been found in other parts, the hernia remaining free from any morbid appearance, have very interesting bearings on the subject of peritonitis, as produced by treatment; and he also regards those in which the peritonitis has occurred several days after the operation as equally instructive. The author then gives his own views of the causes of peritonitis in these cases, and concludes by stating the practice of the late Mr. Taunton, who was as adverse to the use of purgatives as he was to that of the lancet; and yet when the author succeeded that gentleman as surgeon to the City of London Truss Society, the published abstract of cases reported upwards of fifty which had been operated upon by the late Mr. Taunton with only a single case of failure.

The author concludes by a summary of his own practice. The measures employed for the reduction of the hernia are restricted to the simple enema, the taxis, and the tobacco; the order varying in different cases, but all instituted without any unnecessary delay. If they fail, the patient is allowed time to recover from the effects of the tobacco; and then the operation is performed. The hernia having been returned, and the patient conveyed to his bed, a regularly guarded

repose, in the most strict sense of the term, is the one thing needful.

Apart from the medical treatment, the author regards the general *menage* of these cases in our hospitals as defective in many respects, but admit of easy correction. He is extremely opposed to the use of aperients, and regards twenty-four hours as the shortest period which should precede their exhibition, and then they should be preceded by an enema. If they are at length employed, they should be of the mildest character, be administered in small doses, at moderate intervals, and immediately discontinued on the occurrence of hiccup or sickness, or any evidence of disturbance of the stomach.

The state of the intestine at the time of the operation is, in the author's view, the most useful guide as to when we may excite the action of the bowels with impunity; but he by no means participates in the anxiety generally felt on this point; and whilst he admits the importance of a natural evacuation, he denies that the facts justify us in attaching a construction equally favourable when the discharge has been the result of artificial measures.

Reluctantly passing over the consideration of certain insidious forms of peritonitis, as well as that of certain conditions simulative of it, both subjects of great importance, the author, partly in the text and partly in a note, discusses the question of bleeding; and, in conformity with the facts and arguments, and the generalisation on this subject founded thereon in his work on Inflammation, would make it depend on certain conditions, which are there stated.

Practically, the result is, that he would bleed much less frequently than is the usual practice, being generally satisfied with the test of one full bleeding; and this he would conduct in the manner sanctioned by general experience: ordinarily, he attaches more importance to powerful derivatives, as they were called—as mustard cataplasms to the feet, or powerful counter-stimulation to the abdomen. The circumstances under which calomel and opium should be employed are then spoken of; and the different forms which he prefers, according as his intention is to act on the liver chiefly, or to determine at the same time powerfully to the surface of the body. The employment of narcotic or sedative medicines, with a view simply to allay the irritability of the stomach, as sequent on aperients, he deprecates as a false and even dangerous view of the subject. In all operations, he says, there are many conditions, the treatment of which it is difficult to include in any general directions, however comprehensive. These he proposes to make the subject of a future communication; but there are a few points which he would not leave wholly unmentioned. The first is, the caution to avoid officious medical interference, merely because the symptoms may not immediately subside on the completion of the operation. The second is, the consideration of the use of stimuli, or cordials, both rarely necessary or admissible, but still of such importance when they are, that the life of a patient will, as the author believes, frequently depend on their cautious but prompt administration; as the indication is equivocal, and liable to deceive, the author describes three conditions which he believes to require this practice. The author concludes by expressing his regret at finding it impossible to treat the subject fully in the limits of a paper.

Tuesday, Feb. 22.

Mr. LISTON communicated the particulars of his celebrated case of carotid aneurism. We regret that we have not room to insert the case this week.



## WESTMINSTER MEDICAL SOCIETY.

Feb. 5, 1842.

Mr. H. J. JOHNSON, President.

## ENLARGED MESENTERIC GLANDS.

Mr. BENFIELD related the case of a child who was under the care of Mr. Coward, of Hoxton. At birth it was a fine healthy infant, and continued steadily to thrive in health and strength during the first twelve-month of its life. At the end of that time the child was healthy in every respect, and its limbs and body were plump and well formed. At this period it was weaned, and the process of dentition was accompanied by less distress and febrile disturbance than usual. Soon after this period the child used to awaken suddenly out of sleep, whether at night or in the day, with a violent scream, indicative of pain, but immediately afterwards fell asleep again; in every other respect she presented continued indications of improved health, and no notice was taken of the succeeding fits, which, however, continued until October last. About that time her mother noticed, for the first time, a hard tumour on the left side of the abdomen. Mr. Coward was consulted respecting it, and on examining the little patient, he discovered a solid, but movable tumour, on the left side of the abdomen, about the size of a melon; no pain was then felt upon handling it, but it soon increased in size, and when the tumour was moved from side to side, it produced considerable distress. The functions were still performed naturally; the appetite continued good; and the child looked well and cheerful. No medical treatment was of any avail; the tumour increased in size, whilst the rest of the body became emaciated; and the organic functions remained healthy. But this healthy symptom soon ceased; the appetite became voracious; and when the stomach was distended, the pressure of the tumour against the diaphragm caused great difficulty of breathing. A month previous to death the appetite failed, and breathing in the recumbent position became very difficult, and there was evidence of pain over the whole abdomen, which, although severe, could not be considered as at all proportionate to the mass of disease that was evidently present. The functions of the bladder and bowels continued in a normal state until within a very few days of her decease. No severe symptoms preceded death, and its immediate cause appeared to be the narrowing the depth of the thorax, from the mechanical pressure of the abdominal contents upon the diaphragm. She was nineteen months old when she died, and, up to the period of her death, had never suffered from any of the usual infantile diseases. On examining the body after death, the tumour was found to occupy the whole of the mesentery, extending from the diaphragm down to the true pelvis; it was hard and lobulated in texture, and weighed between seven and eight pounds. The structure appeared to be made up of numerous enlarged mesenteric glands; each gland was enclosed in a capsule; the surface was white; the internal part was of a reddish brown texture, from numerous blood-vessels pervading the substance. The kidneys were enlarged, and granular in appearance; and the left ureter was much enlarged; the peritoneum contained a small quantity of serum; the other organs of the body were apparently healthy.

Dr. JAMES JOHNSON expressed some doubts as to whether the cause of death depended upon mechanical pressure upon the chest.

The PRESIDENT observed that the interruption to the nutritious functions, caused by the tumour, might have assisted in hastening the period of death.

## DISCUSSION ON LITHOTRIPSY.

Mr. HOLT stated that he had seen several cases operated on by Mr. White, who considered that in performing this operation, the patient should be placed

on a right line, in bed, as otherwise the stone in the bladder might fall on one side, and it would be difficult to seize it. The injection of the bladder should be done with care, otherwise the spasmodic contraction of that viscus would throw back the fluid. When first introduced, the forceps should be pressed against the posterior part of the bladder, and the shoulder pressed against the vice. A case had occurred in which great irritation was caused by fragmentary portions of calculi, but the bladder was sheathed from much of the mischief which would otherwise have ensued, by a great quantity of mucus being thrown out from its lining membrane, as well as that of the urethra.

Dr. GOLDING BIRD was desirous of ascertaining the relative value of lithotomy and lithotripsy from statistical results. He thought that in the latter operation, even when performed in the most skilful manner, some few fragments might remain behind, especially in the crystalline form of lithic acid, which might form the nuclei for fresh deposits; and he was therefore anxious to know what were the relative merits of the two operations.

Mr. WILLIAMSON remarked, that in the comparison instituted by Mr. Aston Key of twelve cases of lithotripsy, three were unsuccessful, three were ineffectual, and six died. Mr. Fergusson had lithotomised eighteen cases by percussion; of these, six were successful, and seven ineffectual; four of these were afterwards lithotomised, and five died. Mr. Fergusson believed that proper selections were not made in these cases; in his (Mr. Fergusson's) practice the deaths by lithotomy had been one in eight.

Mr. H. J. JOHNSON observed that the deaths from lithotomy averaged one in six.

Mr. STREETER observed that, without having any personal experience of lithotripsy, he had been struck with the great success in performing the operation when performed in private practice, as compared with the great want of success when performed in public hospitals. He considered it to be the duty of operators to point out the reason of this great discrepancy. Dr. Willis was of opinion that the success of lithotripsy diminished proportionably with the increase of years in the patient.

Feb. 19.

OBSCURE CASE OF ABSCESS BEHIND THE MAMMA.—  
TREATMENT OF MAMMARY ABSCESS BY SETON.—  
PREMATURE LABOUR INDUCED BY CATHARTIC MEDICINE.—SUPPURATING BUBOES TREATED BY SETON.—  
FINANCES OF THE SOCIETY.

The PRESIDENT related the following case:—A woman came to him with a painful affection of the left mamma, which she supposed was cancer; several surgeons had seen it, and had told her that it was a tumour of the breast, which would eventually assume a serious aspect. She was emaciated, and otherwise in a very ill state of health, and just in that peculiar condition in which scirrhus disease might be supposed likely to occur. The menstrual discharges were regular, and she had been a mother some few months previous to seeing Mr. Johnson. On examining the breast more accurately, it was found to be slightly enlarged, hard, and nodulated; manipulation gave but little pain, but she complained of occasional lancinating pains shooting through the gland, somewhat resembling those which accompany the progress of scirrhus. There was no retraction of the nipple. There was an obscure sense of fluctuation, but whatever the fluid might be, it was very deep seated. Leeches were ordered to be applied, and some medicines were taken. Mr. Johnson determined to watch the case. In three weeks time the tumour had slightly increased in size; was more tender upon pressure; and the sensation of fluctuation beneath the skin, though somewhat more distinct, was yet very obscure. Mr. Johnson diagnosticated the deep seated abscess, and



plunged a grooved needle deep through the substance of the breast; subsequently a lancet was plunged in, and a large quantity of pus flowed out, revealing an abscess in the loose cellular texture, between the mammary gland and the pectoral muscle. A piece of lint was introduced into the wound, and the orifice kept patent, by the uniting edges being occasionally forcibly torn asunder; a method which was a valuable one to employ in cases such as this, as in time a mucous membrane was formed, which lines the aperture, and it becomes eventually fistulous. She took tonics, sarsaparilla, cincona, nitric acid, &c. The fistulous opening remained patent for some months, but nothing further occurred. The President considered this case to be somewhat remarkable; he had mentioned it to several surgeons, who considered it to be one of rare occurrence. Sir Benjamin Brodie had narrated a case somewhat similar, on which he and the late Sir Astley Cooper were consulted, and the breast in that case was removed.

Mr. CLARKE observed that a case, in many respects similar, had been brought before the Medical Society by Mr. Kingdon.

Mr. BROOKE inquired whether the tumour had any of the circumscribed hardness of scirrhus.

The PRESIDENT replied that the woman was thin, and the gland of the breast was expanded over the cyst of the abscess, and presented a hard, nodulated texture, similar to scirrhus. After the sore had cicatrised, it presented the appearance of a depressed scar, showing that the mamma was morbidly adherent to the deeper seated structures. He had found one aperture insufficient to evacuate the matter, and had been obliged to make a counter opening at the most dependent part of the tumour.

Mr. CHOWNE inquired if the tumour was dependent upon, or caused by the cessation of lactation?

The PRESIDENT replied in the negative, and further observed that he had assisted at the removal of some breasts, and afterwards an abscess had been found, in some cases, occupying the centre of the gland. He begged to inquire if any member present had any practical experience in the treatment of milk abscesses by seton, where abscess was found to follow one after another?

Mr. CHOWNE narrated the case of a woman who was delivered of a still-born child in the eighth month of pregnancy. She had taken some antibilious pills, as an example to one of her relations how they were to be taken, and the pills were made up by a man who dealt in and dispensed large quantities of horse medicines, and who had but recently emerged from the situation of groom and stableman, and had taken upon himself the "trade and calling" of a chemist and druggist. Severe purgation followed the action of the medicine, and at eleven o'clock at night Mr. Chowne found her complaining of severe pains in the abdomen. An opiate was administered, as there were no signs present indicative of approaching labour. At six on the following morning there had been some "show," which was found to have been some smart uterine hæmorrhage. The os uteri was dilated, and the thickened membranes could be plainly felt. Dr. Chowne was consulted, and he advised that the membranes should be immediately ruptured, which had the effect of checking the hæmorrhage. The pains progressed favourably from this time until the vertex presented at the outlet, when they ceased, and as there were many indications of anxiety and distress, Dr. Chowne was again consulted; he advised the immediate application of the forceps; the child was still-born; there was some hæmorrhage attendant upon the removal of the placenta, but eventually the woman did very well.

Mr. MULLER narrated a case, in which the birth of a still-born child followed upon the exhibition of a severe dose of cathartic medicine.

Mr. HARDING was desirous of knowing if Mr.

Chowne meant to state that, in the composition of horse medicines, there existed some aloetic preparation more powerful in its operation than any which was given to the human subject. No pill contained more than four grains of any drug, and he believed the Barbadoes aloes was not so severe in its action as the Cape aloes, and he was not acquainted with any preparation of aloes in horse medicines which could be dangerous to the human subject. One pill was a small dose. He should not select aloes as a purgative medicine, to be given in the latter stages of pregnancy, as it might produce those symptoms to which Mr. Chowne had alluded. He should suppose the case to be one in which the placenta was situated low down in the uterus, and a determination of blood to have been directed to it by the operation of the aloetic purge. He drew that inference from the rupture of the membranes checking the hæmorrhage. His object in making these remarks was to draw the attention of the members to the violent effects resulting from strong doses of cathartic medicines.

Mr. CHOWNE answered, that his object in stating that the medicines were made up by a chemist and druggist who sold horse medicines, had been misunderstood.

Mr. HARDING had only made the observation, believing, as he did, that no aloetic preparation in veterinary medicine had the power of bringing on the symptoms of labour which had been described.

Mr. SNOW stated that he could not connect the facts of the case together. When pills were made up in a slovenly manner, their compound parts might be distributed unequally; when an apprentice, he had been reproved for adding only half a grain to the substance of a pill. In antibilious pills, which generally contained calomel, it might be unequally distributed, as was the gamboge (and, we may also add, the elaterium) in Morison's pills. There might have been the former of these medicines in the antibilious pill which was taken by this woman, and this might have produced the severe hypercatharsis. With reference to rupturing the membrane, he had ever found it to be a valuable means in checking uterine hæmorrhage in the early stage of labour.

A discussion here ensued among some members respecting the relative amount, size, and capacity of pills, which was terminated by

Mr. STREETER, who rose to inquire of Mr. Chowne the size of the os uteri, when the membranes were ruptured, whether there was any difficulty in effecting their rupture, and how soon after their rupture the pains became more effectual, and the parturient process progressed?

Mr. CHOWNE replied, that at the time of the membranes being ruptured, the os uteri was dilated to the size of a crown piece; the rupture was easily affected by the nail; there was pain at the time, which gradually became weaker; the child was small, and the pelvis was of the normal size and capacity. In answer to some questions by Mr. Brooke and Mr. Snow, Mr. Chowne further stated, that there was some considerable hæmorrhage after the birth of the child, arising, probably, from deficiency of uterine tone and power. The *secale cornutum* was exhibited during the progress of the labour, and after the rupture of the membranes, in half drachm doses infused in warm water, at intervals of half an hour. The child was born three hours after the second dose was administered.

The PRESIDENT observed that in the earlier part of the evening, he had proposed a question as to the efficacy of treating milk abscesses by setons. In reference to this subject he might now state, that if there were suppuration in either mammary gland during lactation, the abscess might attain to a very large size, before it would come near enough to the surface to present. In such cases one puncture was generally insufficient to evacuate the whole of the matter; or the opening must be a very large one,



which, when closed, would form a large and unsightly scar; or many small punctures might be required, which would put the patient to great pain and distress; or lastly a seton might be used. When he employed the seton, he had generally found any further opening to be unnecessary. In using the seton in these cases, he generally proceeded in the following manner:—He made slight pressure over the abscess, to ascertain the lowest depending part of it, and at this point introduced the needle, armed with a strip of lint, or anything of that sort; the needle was then carried upwards and forwards, and brought out at the superior border of the abscess. By this means the abscess was completely evacuated of its contents, and in due process of time it completely healed up. With respect to the treatment of suppurating buboes, it was generally advised that they should be laid thoroughly open; but when such a plan was adopted, the healing process was generally very tedious and painful. Where a succession of abscesses occurred in a conglomerate gland, suppuration might be set up in various places; the inflammatory process producing these might occur at various times, and be of very varying intensity. In the treatment of these varying abscesses the same plan of passing a seton through their substance might be adopted, as in the treatment of mammary abscess, of which he had just spoken. If, previous to the introduction of the seton, there existed two openings into two separate abscesses, the seton might be introduced, so as to lay these two openings into one. The local irritation of the seton had the effect of confining the inflammation to one spot, and thereby preventing it from spreading. He had paid great attention to these cases.

Mr. BROOKE stated, that in the remarks which he had made, he had alluded to the seton as a counter-irritant, but not as an evacuant.

During the evening the secretary and treasurer brought up the financial statement of the funds of the society, by which it appeared that the sums received amounted to £71 8s. 9d.; the sums expended to £9 4s. 0d.; leaving an available balance of £62 4s. 9d. in the hands of the treasurer.

## SHEFFIELD MEDICAL SOCIETY.

Thursday, Jan. 20.

### DISEASE OF UTERUS.

Dr. FAVELL exhibited a specimen of medullary sarcoma of the uterus. The patient was a maiden lady about fifty years of age.

About twelve months before her death she was seized with a severe attack of uterine hæmorrhage, which continued for a considerable period, but was at length checked. A discharge continued, however, even to the period of her death. Sometimes the hæmorrhage returned with violence. The pain also was constant and very severe. No remedies appeared to afford the slightest relief, except large doses of opiates. She gradually sunk, greatly emaciated, under the disease. The morbid change in the uterus was confined to the inner surface of the fundus, which was quite soft and pulpy.

### VETERINARY SURGERY.

Mr. H. TAYLOR, V.S., exhibited two morbid specimens—

I. The skull of a horse, whose lower jaw had been fractured six months before it was destroyed, by a blow with a piece of iron inflicted by the driver. Union had not taken place, and the process of necrosis was going on in the fractured portion, while there was considerable ossific deposit over the whole of the tumour. The animal was supported on gruel and bran for the whole time, until the confession of the man of the cause of the mischief led to its destruction.

II. The lung of a horse which was in the upper lobe tubercular to a great extent. The other parts of the same lung were quite healthy. The disease had, no doubt, been going on for a considerable time, although the horse had been able to perform his work until a very short period.

Mr. H. JACKSON exhibited to the society "Duval's apparatus for the application of steam or hot air," recently introduced into this country by Messrs. Weiss.

The portability of an apparatus for the medicinal exhibition of steam has hitherto been a great desideratum, and this certainly seems, from its compactness, to supply that want. It is very compact and neat, and appears to be perfectly applicable to the uses for which it is intended. The drawback to its general introduction is the price.

Thursday, Jan. 27.

### GRANULAR KIDNEY.—TUBERCULAR LIVER.—DISEASE OF HEART.

Dr. FAVELL exhibited three morbid specimens—

I. *Two Kidneys affected with Granular Degeneration.*—The whole substance of the kidneys, except a part of the tubular portion, was of a white colour, and bore a very accurate resemblance to the kidneys represented by Dr. Bright, in plate iv. of the Medical Reports. The patient was a married woman, of slight make, aged 30, and had borne two children. The youngest child was 14 months old at the time of her admission into the infirmary, Dec. 11, 1841, and since the period of her confinement she had never been quite well. About ten months before her admission she suffered for some time from constant pain in the abdomen, accompanied with diarrhoea. Soon afterwards she perceived the abdomen to be enlarged, and the enlargement gradually increased. At the time of her admission into the house the girth of the abdomen was thirty-nine inches, and from the pubis to the epigastrium measured fifteen inches. There was severe diarrhoea, and slight tenderness on pressing the right hypochondrium. The urine was secreted in small quantity, and of pale colour, specific gravity 1.9, and coagulated abundantly by heat, nitric acid, and sol. hydr. bichlor. She gradually sunk, and died during the night of Jan. 26.

II. *A Portion of Tubercular Liver taken from the same subject.*—There were no tubercles in any other viscus, no disease of the heart, but considerable effusion into the right cavity of the chest.

III. *A Heart taken from a Youth aged 17.*—He was admitted into the infirmary, Nov. 16. About five months previously, he began to complain of pain in the region of his heart, attended with severe palpitation, and subsequently with anasarca. At the time of his admission the abdomen was enlarged, and extensively dull on percussion, but there was no swelling of the extremities. The left side of the chest, over the region of the heart, was considerably more arched than the right side. Dulness on percussion extended from the third to the seventh rib. The impulse of the heart was very great, and could be perceived at the distance of several feet. The apex beat in the intercostal space between the sixth and seventh rib, and in a line drawn from the anterior fold of the axilla. The first sound of the heart was very dull and prolonged, and attended with a loud souffle, which was heard most distinctly an inch below the nipple. The second sound was inaudible, but replaced by a very strong gasping. The pulse was weak, frequent, jerking, but invariably regular. He died Jan 19.

On examining the body the liver was much enlarged, extending as low as the right ileum. The heart was lying across the left cavity of the chest, and the lung was forced into the subclavicular space. The heart



measured, from base to apex, six inches and a quarter; around the broadest part of the ventricles, eleven inches; and weighed more than a pound and a half. The walls of the left ventricle, the mitral and aortic valves, were all greatly thickened, and a perforation, through which a goose quill would pass, existed in one segment of the aortic valves. The right cavities of the heart were natural. The pericardium was greatly thickened, and closely adhered to the heart.

The paper for the evening's discussion was on delirium tremens, by Mr. Turton, but the rooms having been engaged for a public purpose, Mr. Turton was requested to read it on the next evening, and having kindly complied, the meeting was adjourned.

February 10.

#### MALFORMATION OF HEART.

Dr. FAVELL exhibited a remarkable specimen of malformation of the heart. The preparation was taken from a boy, aged 8, who died of cerebral irritation; during his illness the pulse was always slow, not exceeding 70 in the minute. The boy was well-formed, and the body well-developed. On placing the ear below the left nipple there was a loud souffle; and the father stated that, if the boy was much excited, or had taken active exercise, his countenance became blue.

On examination after death the heart was found to be of normal size, but, on opening the right auricle, the foramen ovale was seen completely unclosed; the little finger would pass through it; there was no communication from the right auricle into the ventricle, so that the whole of the blood must have passed through the foramen ovale. In the left ventricle, immediately below the mitral valve, there is a large perforation through the septum, which opens into the commencement of the pulmonary artery. The pulmonary artery has no valves, and what ought to be the right ventricle would not nearly contain a small walnut.

#### DELIRIUM TREMENS.

Mr. TURTON then read the paper on the subject of delirium tremens, which was postponed at the last meeting.

A case of delirium tremens having been read by Mr. Thomas in the early part of the session, in which practice was the point to which the discussion chiefly tended, Mr. Turton now took the symptomatology of the disease, and gave a very lucid history of its progress, with occasional remarks on the opinions of writers on the subject—Dr. Blake of Nottingham, Dr. Carter, Dr. Copland, and others.

The question—What is the pathology of delirium tremens?—was introduced, but the discussion threw no light on this by no means clear subject. Mr. Turton objected to the opinions advanced by Drs. Clutterbuck, Bright, and others, that the disease was really inflammation of the membranes of the brain.

In the course of the discussion several cases were related, in one of which the tinct. hyoscyami was used with good effect after the use of opium; and two in which it appeared to be necessary to abstract blood, and with good effect, contrary to the usually received opinions.

One of the members stated, that a friend of his had used in such cases, when opium had failed, lactucarium with success; but that this powerful remedy was so irregularly prepared that it required the greatest caution in its use.

The cases brought forward in the course of the discussion did not appear to decide the point as to whether the disease occurred during the administration, or on the withdrawal of stimuli; nor as to whether there is any difference in the character of the attacks occurring in either of these two states.

#### KING'S COLLEGE HOSPITAL.

##### OSSEOUS TUMOUR OF THE UPPER JAW—EXCISION OF THE SUPERIOR MAXILLARY BONE.

[This report reached us too late last week for insertion.]

On Wednesday, February 2, 1842, Mr. Fergusson performed the operation of excision of the superior maxilla for a supposed osteo-sarcoma.

On the entrance of the patient (a girl, 12 years of age) into the operating theatre, we noticed a tumour, the size of a large orange, situated in the right superior maxilla, which appeared, as far as we were able to examine it at that time, to be of a dense hard texture throughout.

The patient having been seated on a strong chair, Mr. Fergusson commenced the operation by entering the bistoury just below the tendon of the orbicularis palpebrarum; the knife was then carried down by the side and round the ala of the nose, the incision being terminated by the lip being transfixed a little to the left of the mesial line; the bistoury was now passed within the mouth, and through the central fibres of the masseter muscle, and was then drawn rapidly down to the angle of the mouth; an incision nearly at right angles to the zygomatic arch, and falling into the one last described, formed a flap, which Mr. Fergusson dissected off the bone, and turned up by a stroke or two from the knife. The eye, with the soft parts surrounding it, was carefully separated from the floor of the orbit, and with the flap held up by an assistant. Mr. F., having drawn the first incisor in the left superior maxilla, divided the mucous membrane lining the roof of the mouth a little to the left of the mesial line, taking care to preserve the uvula; a small straight saw was then applied, and the palatine plate of the superior maxillary bone partially sawn through, the remaining portion being divided by a pair of strong scissors—one blade of which was placed in the corresponding nostril, the other in the deep groove formed by the saw; the zygomatic arch, the ascending portion of the malar bone, and the nasal process of the superior maxilla, were then severally divided by a pair of curved-cutting pliers, and the tumour forcibly depressed; but from the great thickening, and consequent adhesion of the posterior surface of the bone to the surrounding textures, the tumour still remained fixed. Mr. F., however, having, by the removal of several triangular portions of the various processes of bone, been enabled to place the pliers behind the tumour, used them as a lever, by which means, combined with forcible depression, it was turned out of its bed, and the remaining attachments divided by the knife.

The patient was then placed upon the operating table; the cavity was sponged out, and five vessels secured; the hæmorrhage (which was not severe) having been arrested, the cavity was stuffed with lint; the flap retained in its situation by the twisted and interrupted suture; and the patient carried to bed.

The operation, which was borne with great fortitude, lasted sixteen minutes.

Mr. Fergusson, in his remarks upon the case after the operation, stated that his patient had been the subject of this disease for the last eight years, and that during the last six months it had rapidly and suddenly increased; he had been induced to undertake this operation, after a mature consideration of the case, from his belief that the disease did not extend, as some parties who had been consulted had supposed, to the base of the skull; he arrived at that opinion after a careful examination of the several processes of bone, which it would be necessary to divide for the performance of the operation; thus, for example, he had found the zygomatic arches on both sides of the face equal, and of their natural size. From what he knew of these diseases from his own experience, and



that of others, he was induced to consider this a most favourable case for an operation, as the disease was of the kind that never returns. It was unlike the soft tumours you met in this region, which were of a malignant character. He would now saw across the tumour for their satisfaction, and his own, and he expected to find it composed of an intermixture of bone and cartilage. Having sawn across the bone, Mr. F. proceeded to say that the tumour was much denser than any one of a similar kind he had ever seen in the same situation; it was not, however, uncommon in the lower jaw, as the students might see for themselves in several preparations in his collection of cases, in which he had removed the lower jaw for the same disease. He had every hope of the ultimate success of the operation. He was certain that the whole diseased mass was removed, and if the patient recovered the shock of such a proceeding, of which, from her youth and previous good health, he had the most sanguine hopes, he had little doubt but that the girl would be rescued from a certain death.

From the day of the operation up to the present time, the case has proceeded in the most favourable manner. Suppuration commenced on the 5th, at the sides of the mouth and nostril. On the 7th the pulse, which had previously ranged between 120 and 130, descended to 112, and healthy granulations had filled up a great portion of the wound. On the 12th the child was permitted to eat some chicken for dinner, and she is now nearly convalescent.

## POOR-LAW MEDICAL RELIEF.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—A communication from the President of the College of Surgeons, published in a recent number of your Journal, appears likely to make an erroneous impression respecting the present state and prospects of the question of poor-law medical relief. I therefore beg permission to comment briefly on that letter, and to show that Mr. Guthrie's statements afford no sufficient reason, either for abstaining from further appeals to Parliament, or for placing confidence in the poor-law commissioners.

The promised amendments which, on more than one occasion, Mr. Guthrie has rather pompously announced, as the result of *his* interposition, are identical with those recommended by the commissioners, in their Report of Dec. 31, 1839; and are therefore attributable, *not* to Mr. Guthrie's recent conferences with Mr. G. C. Lewis, but to the Report and Minutes of Evidence of the Parliamentary Committee in 1838, and also to the repeated applications of the Medical Associations to Government and Parliament, for redress and protection.

While Mr. Guthrie and others merit the thanks of the profession for their efforts on behalf of union surgeons—efforts which the latter gentlemen have neither the courage nor energy to make for themselves—it is an act of mere justice to trace to their real source, those reforms which must soon be adopted, and which we may be sure would never have been effected by the commissioners, but for their apprehension of legislative interference.

So long as the poor-law authorities had the power of withholding what was due to the medical profession and the sick poor, they refused to grant it. They deserve, therefore, no credit for their present apparent readiness to comply with the demands of reason and humanity. When Mr. Guthrie speaks (facetiously?) of the alterations which the commissioners "have been *pleased* to make in their regulations," he must allow us to substitute the more correct, though less polite term, *forced*. Can he have persuaded himself, and does he expect to convince his professional

brethren, that the poor-law commissioners are all at once benevolently disposed to mitigate the harsh and unjust system to which, for seven years, in spite of every remonstrance, they have pertinaciously adhered?—that the unscrupulous oppressors of Mr. Adams, of Sevenoaks, and Mr. Kingston, of St. Albans (not to mention numerous other injured and insulted parochial surgeons), are the "firm friends" of the profession?—or that, to the "kindly feelings" of the authors of the large-district-and-small-salary-system, we may safely leave the future arrangement of this long contested question?

If Mr. Guthrie would take the trouble to read the late publication of the Provincial Association, entitled "The Administration of Medical Relief to the Poor under the Poor-law Amendment Act, &c.," he would perceive that the calumnies and gross misrepresentations repeatedly circulated by the commissioners on this subject, are totally irreconcilable with the existence of any just and liberal feelings towards the medical profession. Far be it from me to question the truth of Mr. Guthrie's assertion with regard to Mr. G. C. Lewis. It is more than probable that two of the assistant-commissioners are equally well disposed. But we form an estimate of the commissioners, not from the opinions of a very small minority of their number, but from the proceedings of the majority, and from the reports of the central board, which are quite sufficient to show their hostile "animus."

They have displayed much policy in this contest. When medical practitioners have been on the point of some vigorous and decisive movement, the commissioners have contrived to detach a portion of the assailing body by offers of peace and concession. They have thus succeeded, at different times, in cajoling the presidents, both of anti-reform colleges, and of radical associations.

Their main object clearly is, to prevent the intervention of Parliament. To effect this, they do not scruple to promise such alterations as may induce the medical profession to believe that legislation is unnecessary, and that the matter may be safely left to Somerset-house discretion.

If we now retire from the field, we shall find that the forthcoming amendments, if any, are imperfect and unsatisfactory. Besides, the commissioners have not even proposed to abolish some of the more serious evils of their system, such as the distance of rural parishes from the union medical officer, the enormous population of districts, and the difficulties which the poor encounter in procuring orders for medical relief.

That neither the commissioners, nor their friend the president, may succeed in checking the exertions of provincial practitioners, at the present important crisis, is, Gentlemen, the earnest hope of

Your obedient servant,

A PROVINCIAL SURGEON.

Feb. 19, 1842.

## PRACTICAL SUMMARY OF FACTS IN MEDICINE AND SURGERY.

### PREPARATION OF TANNIN.

Pelouze's process for the preparation of tannin consists in treating nutgalls with ether, by the process of percolation. A displacement apparatus of proper size being provided, the galls in fine powder are introduced, so that when slightly compressed, the apparatus shall be one-half filled; sulphuric ether of commerce is now to be added, until the apparatus is full. The top of the apparatus should be partially closed, so as to prevent the evaporation of the ether, while the access of air is admitted. Thus arranged, the apparatus is allowed to remain for twenty-four hours, by



which period there will be found in the receiver two liquids, one floating on the surface of the other. The lighter of these will be perfectly fluid, and but slightly coloured, while that forming the denser stratum will be thick and syrupy, and of a light amber colour. More æther is to be passed through the galls as long as this separation of the percolated liquor takes place. The two fluids are now to be separated by means of a funnel. The heavier fluid, which contains the tannin, is to be repeatedly washed with sulphuric æther, and being put into a porcelain capsule, is to be submitted to heat in a stove or other suitable apparatus. The vapours of æther and of water will be disengaged; the substance contained in the capsule will be considerably augmented in volume, and a spongy residue will be left, having a brilliant, somewhat crystalline appearance. This is sometimes colourless, but more frequently of a light yellow colour.

The light fluid, which has been separated from the other, may be distilled for the recovery of the æther, of which it principally consists.

When, in the above process, the nutgalls are perfectly dry, and pure anhydrous æther is substituted for the æther of commerce, which contains about one-tenth its weight of water, no tannin is obtained; and when, on the other hand, dry tannin is put into æther which has been distilled from chloride of calcium, only a very small quantity is dissolved, the remainder falling down in the form of powder; although if the æther of commerce be used, a dense solution will be formed in a few minutes, which will separate to the bottom of the vessel in the same manner as the solution obtained from the galls by displacement.—*Pharmaceutical Journal*, No. 8.

#### LEGAL MEDICINE.—POISONING.

M. Orfila has published in the last number of the "*Journal de Chimie*" (Feb. 1842), some judicious observations on several points connected with poisoning. He first shows that, in certain cases of poisoning by substances capable of being detected by chemical tests, it is sometimes impossible to discover the slightest atom of the poisonous substance. In some cases, for example, the poison is absorbed, and we seek for it in the alimentary canal, in the matter rejected by the stomach, or in distant organs. But the evacuations may have been thrown away, and after a certain time the whole of the poison which has been absorbed may have been eliminated from the system by the secretions. This latter fact has been demonstrated by the experiments of M. Orfila on dogs poisoned with arsenic and antimony.

The second proposition of M. Orfila is, that in many cases of poisoning the medical jurist cannot succeed in extracting from the suspected matter more than an excessively minute quantity of the poison.

If the individual poisoned survives for four or five days, it may happen that almost all the poisonous substance has been eliminated from the body; again, a portion may be destroyed during the process of testing, and although toxicology has made such progress during the last few years, it must be confessed that many are still unable to apply the delicate processes which are required for the discovery of small portions of several poisonous substances. Hence it is absurd to require the actual production of any considerable quantity of poison as a proof, in all cases, that poisoning has taken place.

The third proposition of M. Orfila is expressed in the following terms:—"We are never entitled to affirm that poisoning has taken place, because a poisonous substance has been discovered in the suspected matter; this important element of proof must be corroborated by the symptoms exhibited during life, and frequently by the appearances after death."

The different propositions which we have above enumerated are developed by M. Orfila in a manner worthy of the attention of medical jurists.

#### DISTINCTION BETWEEN ANTIMONIAL AND ARSENICAL SPOTS.

In the late discussion at the Royal Academy of Medicine, on the subject of poisoning with arsenic, the characteristic distinctions between arsenical and antimonial spots were pointed out.

M. Bischoff has indicated an additional means of distinction based on the fact that a solution of chlorine (Labarraque's) dissolves the arsenical spots, but does not act on those of antimony. M. Chevallier has investigated this subject further in a series of experiments. He finds,

1st. That the arsenical spots procured by Marsh's apparatus disappear instantaneously when placed in contact with a solution of the chlorate of soda.

2nd. That the antimonial spots, derived from the same source, do not change colour when acted on by the same substance.

3rd. The mixed spots of arsenic and antimony obtained from Marsh's apparatus, when placed in contact with the chlorate of soda, lose a portion of their colour. This probably depends on the solution of the arsenic by the latter substance.—*Journal de Chimie*, Feb. 1842.

#### TREATMENT OF RABIES.

A man who had been bitten by a mad dog was seized with rabies twelve months afterwards. The symptoms were such as to leave no doubt whatever of the nature of the disease. The man was bled to thirty-two ounces, and took large doses of opium during twenty-four hours, without any other effect than being rendered stupid. The *veratrum cebadilla* was then administered in doses of twelve grains, at nine o'clock in the morning. The sense of heat and burning in the stomach was increased; sixteen ounces of blood were taken, by cupping, from behind the ears. At one, p.m., the patient complained of weakness, constriction, and burning heat about the throat, and difficulty of breathing; at three, p.m., he had another access of suffocation; at ten o'clock he was tranquil, and enjoyed some sleep for three hours, and was able to drink some fluid; he complained less of the epigastrium and throat. On the 28th (third day) he had not experienced any fresh access, and drank a pint of tisan. This favourable state continued for a few days longer, and the man completely recovered. The use of the *veratrum cebadilla*, in cases of rabies, was first pointed out by Capt. Hardy, in 1830, in the "*British Review*." The Mexicans employ it with great success against this terrible disease.—*Bul. Therap.*

#### ROYAL COLLEGE OF SURGEONS IN LONDON.

List of Gentlemen admitted Members on Friday, February 18, 1842.

Charles Linton Alexander, Robert Newton Hayward, John Denny, Edmund Rice, Christopher Barker Smith, William Yeoman Sheppard, George Thompson Cooper, Lawrence White, George Robinson, Rowland Agar, Thomas Inman, Henry Bowers Bunnett.

#### CORRESPONDENTS.

In reply to numerous letters which we have received relative to back stamped numbers, we beg to state that our stamped edition of these numbers is out of print. Unstamped numbers may be obtained through any bookseller. The very great increase of the members of the Provincial Association, since the commencement of the present year, has completely exhausted our stock of stamped numbers.

Printed by SAMUEL TAYLOR, of 6, Chandos-street, in the Parish of St. Paul's, Covent garden, at his Office, No. 6, Chandos-street, aforesaid; and published by JOHN CHURCHILL, at his residence, No. 16, Princes-street, in the Parish of St. Anne, Westminster.—Friday, February 25, 1842.



# PROVINCIAL MEDICAL & SURGICAL JOURNAL.

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## CLINICAL LECTURES,

DELIVERED IN

ST. GEORGE'S HOSPITAL.

By Sir BENJAMIN C. BRODIE, Bart.

### ABSCESSSES.

GENTLEMEN,—I propose to call your attention to-day to a very ordinary subject, but it is, nevertheless, a very important one. It will meet you at every corner of your practice, and it is, therefore, one which involves many important considerations relative to your future success in your profession. I allude to the subject of abscesses. By an abscess, I mean a collection of pus in a cavity. It is not my intention to enter fully into the pathology of suppuration or abscess. It is true that I might say much to you on this subject, but it is my wish to give you practical information in these lectures, and I shall limit myself to that part of the subject on which practice may be said to bear more fully. You know that much difference of opinion has been manifested relative to the nature and process of suppuration. It used to be supposed formerly that suppuration was a melting down of the solids; and Mr. Hunter imagined that it was a secretion from the blood. No one can be found to doubt this fact; a single case of gonorrhœa would make it clear. There are, however, some modern pathologists, who think that, in addition to a secretion from the blood, there is combined with it a melting of the solids as well. But, however this difference of theory respecting suppuration may be, it makes no difference whatever in the process itself. I have seen an old laminated coagulum filling up the auricle of an enlarged heart, and in the centre of this coagulum there was some fluid of the consistence and colour of cream; but I do not know whether such a deposit as this has ever been subjected to the close inspection of the microscope. It would, therefore, appear that blood escaping from a vessel may be converted into pus. In gonorrhœa, the pus secreted escapes freely by the canal of the urethra, but in an abscess the pus is collected in a cavity. The lymph poured out around an abscess generally becomes organised, and forms the walls of the abscess; and this deposition of organising material applies to many abscesses. In the formation of abscesses in the cellular texture of the thigh, you have first an early and incipient vascularity, afterwards a villous surface, which eventually secretes pus. But there are abscesses which form in the cellular membrane without having any defined walls—as, for instance, a man may die of erysipelas, and after death you may find large quantities of pus effused into the cellular texture of the part affected by the erysipelas; now, this is an abscess also. Or, again, a man may have a hydrocele, which may be injected; the inflammatory symptoms may run high, and end in the

formation of pus; you open it, and the matter discharges freely; now, in this case the cavity of the abscess is a natural one, and is formed by the tunica vaginalis of the testicle. Where you have matter formed in the cavity of the pleura, you have an abscess also, and the walls of it are formed by the natural walls of the pleura. The secreting surface of the cavity of an abscess is formed by ulceration, and this process goes on from the moment that one single drop of matter is formed.

You will thus see that, in the formation of an abscess, ulceration may be concomitant with suppuration, but not necessarily so. They are sometimes connected together, but not always. You may have the bones of a carious joint destroyed by ulceration without suppuration being present. There is no doubt but that mucous membranes secrete pus, and you may find this exemplified in examining the body of a person who has died of gonorrhœa. In purulent ophthalmia, likewise, you have an inflammatory state, producing purulent secretion. When you have suppuration in a cavity lined by a serous membrane, there is in the first instance a layer of lymph thrown out, which becomes organised; and it is from this organised lymph that pus is secreted, and not from the membrane itself. This point has been very clearly stated by some, but in my opinion it is one not very easily determined.

Abscesses are of many kinds; you may have a phlegmonous abscess, where its formation is preceded by acute phlegmonous inflammation; or you may have a chronic abscess, where the inflammation accompanying it is of a slow and chronic character. These terms serve to express the two extreme points occupied by purulent formations; but between these two extremes there are many varieties. An abscess is always the result of previous inflammation, though there are some who deny the truth of this proposition. For instance, the knee joint may swell and inflame, and it may be opened, and pus may be poured out; and this may arise from some local deposition of pus elsewhere, which may have been taken up by the blood-vessels and deposited in the knee. On examining such a case as this after death, the parts where the pus was originally deposited may bear the marks of inflammation, though this may have been present without pain. Cases like these, however, do not contradict the general rule. It may be difficult to prove the negative of the above proposition.

There are abscesses which we call secondary, and these may exist without suppuration in the primary locality of their formation. A boy was admitted some years since into this hospital with fracture of the skull and the femur. The pericranium was separated from the bone, and in three weeks he died. On examining the body, the dura mater was found in a sloughing state, and separated from the inside of the

bone, opposite to the spot where the pericranium was separated on the outside, whilst around the edges of the fractured femur there were found depositions of pus. A girl had some caustic rubbed on the pericranium; she had also a severe cough, and she soon died. On examining the body, the dura mater was found separated from the inner table of the skull, opposite to where the pericranium had been destroyed, and in a sloughy state; secondary abscesses were also found in the lungs. I could, if our time allowed of it, prove to you that these secondary abscesses may occur where suppuration exists in the primary locality, as well as where it does not so occur.

Is an abscess ever cured by the matter being absorbed, and afterwards thrown out by secretion? This is a very important question. Dr. Macartney states that he has seen the matter of a psoas abscess absorbed, and it has been said that the matter of a bubo has been also taken up. I recollect the case of a gentleman who had an abscess presenting over the ileum. I diagnosed that there was dead bone; but in time the tumour, or abscess, or whatever else it was, entirely disappeared. A young man had scrofulous disease of the knee; it was packed up in splints and bandages, and in time all trace of the tumour disappeared. A young lady was affected with disease of the spine, and there was a hard solid tumour discoverable in the abdomen; this is now many years ago, and the last time I heard of her all trace of the tumour had disappeared, and she had quite recovered. Such facts as these would lead to the belief that the purulent matter poured out in these cases had been absorbed. I consider the point to be a very doubtful one on which to pass a certain decision. A man was in this hospital with lumbar abscess; in course of time it disappeared, and reappeared again in its original situation. I have opened many suppurating buboes, but without meeting with any pus; and it frequently happens in these cases that the soft fluctuation felt under the skin arises from a collection of serum between the gland and the skin, and nothing more. A girl had a tumour over the sternum, which inflamed; I pierced it with a lancet, and a large collection of serum escaped; this got quite well; by and by another tumour formed in the same place of a similar kind. I did not open this one, and in process of time it disappeared spontaneously; and, if I had not opened the first tumour, I dare say that it would have been absorbed.

I believe we do not possess sufficient knowledge to enable us to pronounce with certainty as to the power of abscesses becoming absorbed. There are certain symptoms which attend upon the permanent progress of an abscess, and upon its progressive retrocession. A young gentleman had some symptoms of disease of the bladder; I passed a bougie, and discovered that he had curvature of the spine. He died in a few months, and after his death an abscess was discovered, but he had no symptoms of abscess during life. When an abscess is once formed, it generally has a tendency to come towards the surface of the body; and in his works, Mr. Hunter draws a comparison between this progressive tendency of an abscess towards the surface, and the disposition of plants to shoot upward towards the surface of the earth. This analogy, however, does not hold good; the truth is, that an abscess makes its way in that direction where it meets with the least resistance; as, for instance, an abscess in the liver may burst into the colon, and an abscess in the colon may burst into the bladder. An abscess in a fascia will burrow under it; whilst an abscess over the fascia will come towards the skin, as the skin gives way rapidly under the process of ulceration. A phlegmonous abscess comes more speedily to the surface than a chronic one. Now, when the matter comes thus to the surface, there arises a very important question—are you to let the matter out or not? There are some surgeons who

will recommend you to leave these cases to nature, whilst there are others who will as strongly recommend you to open them by artificial means. I always prefer the latter to the former, as the opening is larger, and the abscess is thereby more readily emptied.

*Causes of Abscesses.*—These may differ very materially from each other in different cases. It may arise from a local cause; a man may, for instance, get a piece of glass imbedded among the muscles of the arm, and suppuration and abscess dependant upon a local cause may be the result; or a man may receive a punctured wound in the thigh through the fascia, and abscess may occur from a local cause. There may be inflammation in one of the glands of the groin, and abscess as the result dependant on a local cause likewise. Again, you may meet with a case of ulceration of the rectum, and a small portion of feculent matter may irritate the denuded mucous membrane, and inflammation and abscess may be the result, and the cause be a local one at the same time. A man may have a stricture of the urethra, and the bladder may be constantly forcing a stream of urine against the posterior surface of the stricture; ulceration and suppuration may ensue, and an abscess may be formed arising from a local cause. In a very large majority of abscesses, however, the cause of the abscess is a constitutional one. A man with a disordered and diseased state of constitution may receive a severe blow on the head, and disease of the liver or the lungs, with abscess in these structures, may be the result; or if, with such a depraved state of constitution, a man have a simple fracture of the femur, matter will most probably form around the fractured ends of the bone. It is in such constitutions as these that you meet with what are termed critical abscesses, occurring after fevers. Boils do not arise from any local cause, but from a depraved and unhealthy state of the constitution, and carbuncles likewise. In many other cases, besides those which I have narrated to you, this rule will hold good.

## NOTES FROM CLINICAL LECTURES,

DELIVERED IN

ST. GEORGE'S HOSPITAL.

By Dr. SEYMOUR.

### PHTHISIS TRACHEALIS.

This disease affects the cartilaginous portions of the trachea in a similar manner to that with which phthisis pulmonalis affects the deeper seated pulmonary apparatus—the patient, in the one affection as in the other, being consumed and destroyed by the ulcerative processes of the disease. Now, this affection of the trachea may exist alone by itself, or it may be in combination with phthisis pulmonalis. Where it exists alone, there is much frothy expectoration, and great pain on making pressure over the anterior cartilaginous surfaces. There are evening exacerbations of hectic fever; the pulse is weak and languid, the voice extinct, and the patient decays and loses flesh rapidly. Such are some of the symptoms which you will meet with where this disease occurs uncombined with any other; but where, in addition to this, you have phthisis pulmonalis superadded, you have all these symptoms much increased in intensity, and a dark, thick mucous expectoration as well. Now, there is a case of this kind in Buxton ward, and you will soon have an opportunity of judging, by the post-mortem examination of the case, whether my diagnosis of it be a correct one. I have seen some of these cases in which the ulceration was so extensive that you could pass a probe along it to some extent. In the case of this patient the catamenia are absent, as they almost always are; the pulse is slow and weak; and



the expectoration is not very profuse in quantity. The treatment of this case has been, as you have observed, very simple; she has had a blister applied to her chest, and has taken draughts containing the balsam of Peru, from the benzoin which it contains being of great service in these cases. She has also had an oily draught at night, which has relieved and quieted her cough, and procured sleep.

#### HYSTERIA.

The next case to which I shall draw your attention is one of a somewhat anomalous character; the symptoms lead to no particular disease. The catamenia have only appeared once, and the bowels are costive, or but scantily relieved. Now, many of these symptoms indicate hysteria, and may be kept up by the absence of the catamenial secretion; and, acting upon this idea, I have ordered her a mixture of assafœtida and lime-water, to take three times daily, and a myrrh and aloes pill at night.

#### ENLARGEMENT OF THE HEART.

There is a woman upstairs who has an enlargement of the heart, from passive dilatation of that organ. She is a very weak, pale, and leucophlegmatic person; her countenance is anxious, and her legs are swollen; the pulse is smaller than it should be, considering the abnormal and extensive beat of the heart's surface; and I am inclined to suppose that there may be, therefore, some obstruction at the origin of the aortic valves. She has taken calomel and opium, with the nitre draught and squill in combination, which I have found very useful in this peculiar affection of the heart, accompanied with effusion. In some of these cases I have found the kidneys to be affected, but in this particular instance they appeared free from any abnormal action or condition. Whilst under the influence of the above medicines, this patient was attacked with diarrhoea, and the remedies were changed, and she took the tartrate of potassa, with the liquor potassæ and opium. The diarrhoea was greatly checked by these means; the urine became more abundant, and she is now much better.

#### AFFECTION OF THE CEREBRUM.

This patient, you will recollect, complained, on her admission, of some acute pain in the head, with pain in one arm, accompanied with loss of power. For the relief of these symptoms she was bled, and put under the influence of mercury. The blood drawn was not buffed or cupped; yet I cannot but imagine that there is some slow and serious organic mischief developing itself within the brain, for she is at that time of life when such mischievous changes may most probably ensue. She has been much relieved by the remedies; and if no renewal of her symptoms occurs, she will shortly leave the house.

#### RHEUMATIC PERICARDITIS.

This is an affection of the pericardiac covering of the heart, which very frequently comes on after an attack of acute rheumatism. There is this remarkable fact connected with this case, that during the rheumatic attack, and subsequently to it, the patient was troubled with fits caused by the disturbed action of the heart; she was bled, and took some calomel and opium to relieve the diseased cardiac impulse, which has much improved under this plan of treatment. Now this patient may recover to a certain extent, but that is all which medicine can do for her, as, owing to the length of time since this disorganised action commenced, I am afraid that there is some settled organic mischief set up, and which will always remain fixed there.

#### CAULIFLOWER EXCRESCENCE OF THE UTERUS.

You will find, if you read Sir Charles Clarke's work upon Diseases of the Uterus, accompanied with va-

ginal discharge, that these discharges are divided into mucous and purulent. Now, what is called a cauliflower excrescence of the uterus is a malignant and morbid growth arising from the inner border of the os uteri. When you introduce the finger into the vagina, you feel a rough, irregular growth, from which there is a free discharge, which is sometimes clear and sometimes mixed with blood. Now, a continued discharge like this cannot exist long without causing severe weakness and debility, and forming a constant drain upon the constitutional powers of the patient. On examining these parts after death nothing of the disease is to be seen, owing to the turgescence of the part collapsing and shrinking. Sir Charles Clarke removed one of these cauliflower excrescences by ligature; this preparation, which is now in the museum of the College of Physicians, is the only one of the kind I have ever seen. This disease is one of a malignant kind, and slowly goes on to destroy life. The treatment in these cases is directed to the possibility of arresting the morbid discharge by astringent medicines, administered both internally and externally. For this purpose I ordered her to use an injection composed of the decoction of pomegranate bark, alum, and conium, and to take internally an infusion of the rhatany root, with muriatic acid and tincture of kino, whilst her strength was supported with meat and wine; and under this treatment she has improved very much in health and strength; yet this alleviation I can only consider as a temporary one—the discharge will again return, the health will again fail, and she will die worn out with the disease.

#### OVARIAN TUMOUR.

This disease is not a very rare one, neither is it, on the other hand, very common. If you are so fortunate as to be called in to the case at an early period of the disease, you may do very much to promote the recovery of your patient. The medicine which I have found the best adapted to answer this end is the solution of caustic alkali—the liquor potassæ of the Pharmacopœia—but in order that it should be of any use to your patient, you must give it in much larger doses than are usually employed. I have seen cases much benefitted, in which the quantity given has risen up from thirty minims to five fluid drachms twice a day. But it is only now and then that you will meet with cases that recover.

#### ANEURISM OF THE AORTA.

This affection is a very rare one, very much so indeed. There is a woman upstairs, however, who, I believe, has one of these fatal affections. She complains of some difficulty of breathing, with great oppression at the chest and headache, and has a constant cough, with some mucous expectoration, from which she appears to derive some relief; there is pain in the back along the course of the spine downwards from the arch of the aorta, but no abnormal state of structure or action can be detected about the region of the heart; no pulsation of an unusual kind can be detected, yet I cannot help considering that this may be an aneurism of the aorta, for you may have disease of the larger circulating branches without disease of the heart itself, and vice versâ.

#### PULSATING TUMOURS OF THE ABDOMEN.

There is nothing that you will meet with more commonly in practice than cases of pulsation in the epigastric and hypogastric regions of the abdomen, yet there are no cases in which your powers of diagnosis may turn out to be more fallacious. The late Dr. Baillie used to say, that he seldom passed a week in his practice without meeting with some of these cases. Now you are not to suppose that every case of this kind is an aneurism of the abdominal aorta or some of its larger branches; you may have a disease and hardened state of the liver, or a loaded state of the



bowels, all tending to produce the peculiar pulsation in the abdomen; in some cases it is so strong that not only can you feel it when the patient is lying down, but you can distinctly see the pulsation when the patient is standing up. There was a very remarkable case of pulsating tumour of the abdomen in the hospital under the care of Dr. Wilson; when the patient lay supine you could feel the pulsation very distinctly, but when he turned over on his side the pulsation was gone. The patient died, and, on examining his body after death, there was found to have been an aneurism of one of the mesenteric arteries.\*

#### DISEASE OF THE HEART, LIVER, AND KIDNEYS—ASCITES AND ANASARCA.

You will generally find that where you are called in to a case which assumes the general symptoms of anasarca over the whole of the body, and that such symptoms arise from one single cause, it is generally found that there is enlargement of the heart, and that the venous blood returning to the left side of that organ becomes stagnant. As a result of this you have fluid poured out in the chest, which serves to keep up the balance of the circulation, and thus preserves life; if such a temporary relief to this oppression of the circulation were not afforded, the patient would die suddenly. As long as this effused fluid is secreted the patient may live; but when this ceases the patient dies. Thus, when you find the dropsical symptoms receding, you may generally conclude that the patient will not live long afterwards; for you are to remember that though the dropsy may disappear, the organic disease which caused it remains the same, and that though one symptom may have gone off, the others remain in full morbid action. Now, such a state as this is by no means uncommon in practice; you will have patients in whom a local effusion may suddenly recede, and in two or three days they may die. But you must distinguish between such a case as this, in which the dropsical symptoms recede and the flow of urine ceases, from one in which these same symptoms are brought about by the operation of medicines. In a state of organic disease like this, the dropsy is a relief to the oppressed circulation. The remote cause, whether it occur in the upper or lower classes of society, may generally be traced to intemperance, from the result of which the heart becomes affected with disease at an earlier or later period; or it may proceed from undue and excessive bodily exertion, by which the heart becomes strained, or from a rheumatic disease terminating in an effusion of fluid into the cellular membrane.

If you are called in to a case, and you find it to be a simple uncombined one of anasarca, your attention should first be directed to the state of the heart, its actions, motions, and sounds, and whether these are of a normal or an abnormal kind; you should then inquire whether the powers of the respiratory organs are affected in ascending a flight of stairs, or in lying down in bed. In pursuing your inquiries, you may find the heart to be diseased, from an increase of its size and volume, and this is termed concentric hypertrophy of the heart; or this state, or one very nearly assimilating to it, may proceed from a previous rheumatic affection, by which its external surface may, by rheumatic inflammation, have become glued to the inner surface of the pericardium; or, again, you may have in these cases a contraction of the volume of the heart, with the above results appearing as a consequence.

Next to a diseased state of the heart producing anasarca, the most frequent cause of this cutaneous dropsy is from disease of the kidney. You may recognise this disease to be present by the urine coagulating by heat; if the patient be young, the countenance is

white and pasty, and the blood, when drawn from the arm, assumes the buffy appearance. Dropsy is a more frequent sequel to disease of the heart than to disease of the kidney; but it may occur as the result of both these affections in one and the same person, occurring at one and the same time; and this is the case with one of these patients upstairs, in whom the heart is enlarged and hypertrophied, and is from this cause become, as it were, an obstacle to its own natural freedom of motion; and there is such a necessity at the same time for the capillary vessels to relieve the system, that large bladders are forming on the skin, and these, in a low state of system, will sometimes run on into gangrene, from the blood being checked in its circulating course.

In the other case, to which I have appended these observations, you will recollect that, from the history of the case which we obtained, it appeared that he had been very intemperate and a hard drinker, and, as a result, he had got disease of the liver. Now, if you have a case of diseased liver alone, uncombined with any other visceral organic disease, you will most frequently have ascites as a consequence. All the blood in the abdominal cavity returns through the vena portæ to the heart; and if, from organic disease of the liver, the vena portæ be at all compressed, and an obstacle thus created to the passage of the blood, it would be thrown back again, and the abdominal capillaries would throw out fluid, and ascites would be thus induced. Anasarca never results from disease of the liver alone; but you may have anasarca and hydrothorax from disease of the heart, and you may have ascites from diseased liver.

If you are called to a patient whose face is swollen and puffy, his pulse small, and his limbs swollen, you may generally be pretty sure that he has disease of the heart; if, on the other hand, you see one who is pale, thin, and wasted, with the abdomen swollen, and the legs so puffy that they pit upon pressure, you may rest pretty well assured that such a person has got disease of the liver; and if, in addition to all these symptoms, you find the urine red, and loaded with the acids, you may be sure that there is disease of the kidneys as well. You will not always find these symptoms to be coexistent in one and the same case; there may be in each case a different series, according to the internal organ, which is most severely affected.

I have several cases of what is termed concentric hypertrophy of the heart, in which that organ has been of four or five times its natural size. Ascites is a species of dropsy more frequently met with in women than in men, and very commonly affects those who have worked very hard, and generally arises, as I before said, from disease of the liver alone. It was formerly thought that an enlarged liver was the most frequent cause of ague; you will occasionally meet with these two affections coexistent at one and the same time, and almost every person you meet with will possess some general idea that dropsy is the consequence of an enlargement of the liver. Ascites, when it arises from this latter disease of the liver, is a much more curable complaint than where it is caused by quite an opposite state of the liver, in which that organ is smaller and more contracted in its volume than natural, and harder in consistence; its peritoneal covering is contracted and puckered up, and you have to lift up the ribs to feel it. Another form of diseased liver, productive of ascites, is, where it is studded with encephaloid tubercles, its size and vascularity are abnormal, and its vascular portion is looser in its texture than natural. I suppose that I have seen upwards of fifty cases in which the liver has been diseased from contraction and diminution of its volume, and where great wasting of the body has occurred during life; after death the liver has been found puckered up under the right hypochondrium, its edges rounded and blunt, which appearances seemed to arise

\* We believe this case is recorded in one of the recent volumes of the Medico-Chirurgical Transactions.



from thickening of its peritoneal coat; I say "seemed to arise," because I do not think that such was in reality the cause. I have met with some writers on this disease who have supposed this to be the fact, but I cannot help considering them to be wrong. This thickening and hardening of the organ is uniform over its whole surface. As connected with this subject I may mention to you, that there is a disease of the liver in which its substance is studded with large white tubercles, which in their nature approach to the character of scirrhus, and when you make a transverse section of the organ, you find the interstitial substance between these tuberculous deposits filled up with a peculiar secretion. The liver appears to be made up of red and white masses, and the peritoneum covering them is transparent; this state of diseased liver is accompanied by dropsy. With regard to the remedial measures to be adopted in the treatment of dropsies dependent upon these peculiar organic affections of the liver, I may observe that mercury is a remedy on which no dependence whatever is to be placed; tapping will give a patient some temporary relief, and I have seen as large a quantity of fluid as fifty pints of water drawn from the abdomen under these circumstances.

Respecting the treatment adopted in these cases, I have not much to say to you. The pulse was weak, and the circulation seemed oppressed. The patient was bled to a small quantity, with some partial relief. The medicine which I have always found of the greatest service in these cases, is the elaterium—the fecula of the squirting cucumber, in the dose of from one eighth of a grain to one grain; this medicine is a powerful purgative. In administering it I have never begun with so small a dose as one eighth of a grain; but when I had charge of the Seamen's Hospital I have given as much as two grains with much benefit. I have generally commenced with half-grain doses, which will sometimes produce vomiting and sickness, as well as purgation. I did not find that this remedy produced that continued benefit which I wished, and it was discontinued. I now gave him a mixture of digitalis, oxy muriate of mercury, and cantharides, for some days, but these remedies (powerful as they are in most cases of dropsical effusion) did not produce much benefit, and they were left off. I now applied a blister over the surface of the heart at frequent times, and from this he derived very great benefit, and was able in a few days to lie down in bed with more ease and comfort than he had been able to do for some time. In cases similar to these, however, some of the benefit is due to the gruel which these poor patients enjoy in the hospital. He now took the soluble tartar, with the liquor potassæ and syrup, and one grain of opium, at bed-time, to prevent the tartar working off by the bowels, as well as to procure sleep at night; and he was much improved after following this treatment for some days. Blisters are not always to be depended upon in these cases, however; I have met with some examples of hydrothorax, in which gangrene has ensued after the application of blisters. In some cases you will find the occasional addition of a small quantity of blue pill to the opium to be a valuable adjuvant. In the second case, where the dropsy is of a passive kind, I found the infusion of digitalis, with the oxy muriate of mercury, and cantharides, to be of great service; and he was much relieved after taking it for some days. I do not, however, believe that this poor man will ever entirely recover; but by the improvement of his health, his life may be prolonged and rendered more comfortable. It is in these peculiar cases of passive dropsy, accompanied with great weakness, that you will find the digitalis to be of such service; so that though the heart may be extensively diseased, the lips black, the pulse weak, feeble, and vacillating, and the skin cold, yet, in a few days after giving the digitalis, so as to affect the kidneys and evacuate the

fluid, you will find the patient improve very greatly; the action of the heart becomes free, and the pulse full and firm. In one of these cases (that of Flegg) the disease of the kidneys is what is termed granular disease; when he lies down in bed he is greatly distressed, and this latter symptom of severe suffering in each of these cases, from assuming the recumbent position, arises from different causes; in one of these cases there is great congestion about the chest; blue-ness of the lips; and great difficulty of breathing, from the anasarca swelling; but in the other case the expression of pain and distress is almost characteristic of horror; and this feeling of intense agony and suffering arises from dilatation of the heart and aorta. You may be sure that where there is this acute pain and distress, accompanied with anasarca and great difficulty of breathing, there is also disease and dilatation of the heart, with, perhaps, also a similar condition of the aorta. I have seen such a multitude of these cases, that I can no longer doubt the fact. There was a case of this kind some time since in the house, and he could neither lie down or stand up with ease to himself, but he found that the only position of comparative ease was to recline slightly forwards on the back of a chair; he died, as you may suppose, in a short time, and on examining his body after death, the trunk of the aorta was found to be studded with atheromatous matter. The acute distress which patients feel in these cases, arises not from the blood being thrown back upon the lungs, but from the dilated state of the aorta. With the hope that some powerful diuretic might afford him a temporary relief, I gave him a decoction of broom tops; this is a medicine which has of late been much vaunted as a more powerful diuretic than any we have hitherto possessed, but in this case it was of no greater service than other diuretics which we commonly use would have been; and I have, in other cases in which I have been induced to employ this medicine, met with none of those extreme beneficial results which some have ascribed to it.\* I then ordered him to have some diffusible stimuli, to rouse the weak and languid powers of his system. If the kidneys had been in a healthy state, the diuretic medicines would have relieved him; but this not being the case, the advantage which would otherwise have been gained was lost. Such cases as these are very valuable, and well deserving of your attention; for, although you may not be able to cure them, you have yet to learn the important study of how far the sufferings they cause may be susceptible of relief and alleviation.

In the other case I found that, day after day, the thighs and scrotum became more enlarged and swollen, and for the purpose of relieving the extreme tension I ordered them to be acupunctured. The practice of employing cutaneous scarification for the relief of dropsy is a very old one, for nothing could be more natural. It was performed in many ways by the ancients, and those who followed after them were accustomed to make small cutaneous incisions above the inner angle. I recollect a case of anasarca in this hospital, under the care of Dr. Nevins, which was treated in this manner; the man sat with his legs in a bucket for three days, during which time many gallons of fluid passed off from his system, and he felt very great relief; but in a short time an erysipelatous blush spread around the punctures, gangrene ensued, and he died. I have heard it said that such a result as gangrene, from worrying the skin, is not so likely to occur in private practice, or where

\* We must confess to the same opinion of this medicine, as a therapeutical agent, as is entertained by Dr. Seymour. In a case of enlarged heart, attended with dropsy, which we were called to some years since, we were induced to prescribe this medicine, from great diuretic powers having been ascribed to it; but no greater benefit than from other diuretics resulted from its use, and the patient complained bitterly of its nauseous astringent taste.—REF.

small punctures only are made with a needle in the skin; however this may be, I do not recollect a single case of the kind in this hospital in which gangrene has not, sooner or later, shown itself. There are some constitutions in which, at certain seasons of the year (such as the present), gangrene is very apt to show itself; in some it will even come on after the application of a blister. I recollect the case of a gentleman who had extensive anasarca, and it was requisite, for the benefit of his surviving friends and family, that he should live over a certain period. Mr. Hawkins punctured the scrotum, and the patient was much relieved; after a time it again became distended, and again it was punctured, with great relief; but after a time erysipelas and gangrene developed themselves around the punctures, and he died. In such cases, for these reasons, I never desire to see the operation performed, unless it is very strongly required.

### CASES

#### FROM THE EARLY NOTE-BOOKS

OF THE LATE

SIR ASTLEY COOPER, BART.

Extracted with permission of Bransby B. Cooper, Esq., F.R.S.

#### No. XIV.

##### STRICTURES OF THE INTESTINES.

Ann B—— had for some months a scirrhus tumour in the right breast, which ulcerated, and formed a large scab, and then ceased to discharge.

In four months before her death she was affected with much pain in the abdomen, attended with swelling and flatulence.

For three months she was generally constive, though with intervals of the contrary state of the bowels, and very lately she has been a good deal purged.

She had a tumour larger than a walnut, under the skin of the abdomen, and complained much of pain in her limbs.

She was frequently sick, and brought up what she had taken.

The sickness, irregular state of bowels, and loss of appetite, reduced her to extreme debility, and she died on the 20th of November, 1795.

*Examination.*—The tumour in the abdomen was placed in the rectus muscle, and seemed to be that part in a scirrhus state.

When the abdomen was opened, the intestines were all found glued together from inflammation of recent date.

They were also of a purple gangrenous colour, as much so as a strangulated portion of intestine in hernia.

In their coats were placed a number of small scirrh, which had produced, wherever they were found, a greater or less degree of stricture.

Some of these obstructions would admit the passage only of a very small bougie.

At the lower part of the ilum was one of the most complete strictures, and in the intestine above it there were several cherry-stones and many gall-stones.

The large intestines, and all the small, were diseased as above in colour, and had strictures at less or greater distances.

The stomach and liver were sound.

The omentum was contracted, and had formed several tumours.

##### SCIRRHOUS OMENTUM.

A man was admitted into St. Thomas's Hospital who had a tumour in the upper part of the abdomen, on the left side, accompanied with an incipient ascites.

After some time the patient sank.

*Examination.*—The tumour in the abdomen was found to arise from an enlargement and condensation of the omentum, which was more than an inch in thickness, and of a scirrhus hardness.

The liver was much enlarged, and there was some water in the cavity of the peritoneum.

##### IMPOTENCE.

A gentleman, 20 years of age, consulted me on account of his having lost the power of erection. The preceding circumstances were, that in November, 1794, he had a clap; that, one month after, when apparently cured of this, he caught the disease a second time; this lasted for two months, and brought on phymosis, and he complained of pains in his bones.

For the phymosis a poultice was applied, and for the pains in his bones mercury was given. The latter disease was removed, but the former in a great degree remained.

From November, 1794, to December, 1795, he made no attempt at connection; when he did attempt it, he found that, if he were not immediately indulged, he lost the power of erection.

In January, 1796, when in the act of coition, the erection would often leave him.

About this time he observed that his semen was not discharged in the usual quantity, or in the common manner; that instead of its flowing in jerks immediately as the act of coition was to be completed, that a sudden stop took place, which was productive of pain at the neck of the bladder; and that for several minutes afterwards the semen came away in drops.

At length the symptoms became so much increased, that he was unable to have any erection, except sometimes during the night, when it was very imperfect, but produced an attempt to discharge the semen, always followed, however, by a sudden stop and considerable pain.

For six weeks before I was consulted, he had no power of connection. He came to me on the 14th of March.

As he at first made no mention to me of the sudden stop in discharging his semen, and as he was not sensible of any difficulty in passing his water, I took it up as a case of simple loss of powers, and ordered him cantharides.

After taking this medicine for two days, he complained of discharge from the urethra, of which he now informed me he had had some appearance for some time. I therefore introduced a bougie, and upon its reaching the prostate gland I found it stopped there, and I was unable to get it by on account of the obstruction.

I therefore put a small piece of lapis infernalis into the end of the bougie, and then passed it to the part at which it stopped.

By doing this on three following days I was able to pass a small bougie. After passing it I found it brought back with it a considerable quantity of semen. During this and some following nights I found that he had erections, which continued for some time.

Having passed small bougies, and the parts being softened by the caustic, I resolved to pass a catheter, in which, after some difficulty, I succeeded. The erections now became of greater strength and longer duration; and as soon as the pain which these operations had occasioned was removed, he found that his semen passed from him naturally, and that all his powers were restored.

In this case there was a stricture at the united orifices of the vasa deferentia and vesiculae seminales, so that the semen was prevented flowing, and the connection between the penis and testes was, as it were, broken.

##### ENCYSTED DROPSY.

Dr. — called on me to accompany him in a visit



to a lady, Mrs. —, suspected of having an encysted dropsy of the abdomen.

On examination, a hard tumour appeared at the inferior part of the abdomen; but in the epigastric region, there was an obscure fluctuation, and it was agreed that a trocar should be introduced three inches below the sternum.

This was done. The parietes were found of very considerable thickness—that is, about four inches, for a short trocar could not be made to enter. Three parts out of four of a pailful of water were discharged.

This case gave me an idea of two difficulties in this operation, not usually pointed out—namely, of the impossibility of puncturing in some cases at the places usually recommended, and of the necessity of being provided with a trocar of more than common length.

A great obscurity also existed in this case, on account of the thickness of the cyst, in ascertaining the true nature of the disease.

The canula should not sink behind the point of the trocar.

#### STRICTURE OF THE URETHRA.

I was desired by Mr. — to visit a person whose name was—. I found him with his scrotum extremely swelled, and, upon making inquiries, ascertained that it had arisen from the bursting of the urethra, and the consequent discharge of urine into the cellular membrane.

The successive symptoms were, great difficulty in the discharge of urine from stricture in the urethra; a swelling of the scrotum and skin of the penis; next, suppression of urine, then swelling of the skin of the fore and lower part of the abdomen; sphacelus appearing in the scrotum and spots of gangrene on the penis; the pulse excessively quick, sickness, and hiccup.

I made incisions into the scrotum, and discharged the urine; he began to make water.

I attempted to pass a bougie, without effect. Then I tried with a catheter, but no urine followed; indeed, it did not pass the stricture.

Mr. — forced the catheter through the urethra into the scrotum; matter in considerable quantities was discharged.

The man went on very gradually recovering, although extensive sloughs took place. In the end the case terminated well.

#### STONE.

Mr. — cut a boy for the stone. In consequence of not being completely in the groove of the staff with the knife, the gorget did not enter the bladder, and the boy was put to bed without the stone being removed.

## CASE OF UTERINE HÆMORRHAGE

OF A

### PECULIAR FORM.

By EDWARD JAMES SHEARMAN, M.D., Rotherham.

[Read before the Sheffield Medical Society.]

On April 10, 1834, I attended a lady, at some distance from my residence, of her second child; her age was 25; of a decidedly hysterical habit. I found the liquor amnii had been dribbling away for some hours before I saw her, together with a large quantity of blood, with every pain, which was very slight. On examination I found the os uteri dilated to the size of a crown piece, and the fingers of the fetus just protruding through it, so as to completely fill the opening; the os uteri was not dilated in a ring, as it ought to be, but had two fissures in it, at opposite sides, as if it had been torn, and as hard as a scirrhus

uterus. The pains increased rapidly; I tried to gradually dilate the os uteri with my fingers, in order to be able to get hold of the feet of the child, but found it quite impossible; the lady kept losing a large quantity of blood, with every pain, and I found it quite impracticable to make any impression on the uterus. Knowing that every pain she had made it more difficult for me to turn the child, and as her pulse was not very low, I took some blood from her arm, and gave her a large dose of opium, with the intention of putting an end to this spasmodic action (as I conceived) of the os uteri. The opium made her sleep, but the hæmorrhage continued; and the os uteri remained as hard as ever. At last my patient became faint; I took this opportunity of trying to overcome the state of the os uteri with my hand, but found it quite impossible; I might as well have tried to enlarge a piece of earthenware of the same size. The arm of the child had now come down into the vagina; I was alarmed; she was bleeding to death; I sent for another practitioner; and contented myself with the application of ice and cold, in every possible manner, and plugged up the vagina, keeping a thorough draft of cold air blowing over my patient. I was afraid of giving the ergot of rye; indeed, I did not see what good it could have done. My friend came; the bleeding continued; he tried to dilate the os uteri, and failed. We agreed to watch, and wait for any opportunity that might occur. We gave her more opium, and used ice, keeping her alive with wine and water, and gruel. Twenty-four hours glided away, when I, on examination, detected a placental presentation with the arm; the os uteri having yielded to our efforts slightly; this made us more anxious for its dilatation; we used our utmost efforts, to no avail; we watched twenty-four hours more, the bleeding occasionally occurring to an alarming degree, until complete syncope came on again. The next day the bleeding was not so excessive, but the os uteri remained the same. At last, on the 4th day, the pains became very violent, and the blood was rushing out of the vagina more like water out of a pump than anything else I can compare it to; syncope came on to a great degree; the os uteri gave way; I got hold of the feet of the child, and delivered as quickly as possible, fully expecting my patient was dead. As soon as she could swallow, we gave her a strong dose of decoction of ergot, with brandy. I kept my hand in the uterus, to keep up as much contraction as possible, until the ergot began to act, when the placenta was expelled by the uterine efforts; we kept her under the influence of ergot for some hours; she rallied a little that night, and eventually recovered. I took great care to keep the rectum and bladder empty throughout the whole attendance.

During these five days I consulted every work on midwifery that had been published, and could find no allusion to this state of the uterus in any of them, except in Dr. Blundell's Lectures published in the *Lancet*; and there he evidently had never met with a case so obstinate, and his advice is to wait, and seize the earliest opportunity to dilate. It occurred to me that the irritation of the arm of the child might bring on this sort of permanent spasmodic action of the uterus; but in two years afterwards, the same lady was taken in labour again with the very same symptoms, but a presentation of the placenta only, and a little more than seven months' pregnancy. On this occasion I was confined with her for more than a fortnight, and only dare leave her when the state of syncope was so great as to stop the uterine action. On one occasion I left her for about four hours; her husband rode after me; and when I arrived, I found her bleeding to a most alarming extent; the uterus in the same horrid condition; I fully expected her dying every instant, indeed she only just breathed; I plugged up the vagina with sponges dipped in iced water; made great pressure on the os uteri from the vagina,

and also pressed over the uterus very strongly from the abdomen; I dare not give any stimulus to the stomach, and contented myself with external stimuli; she rallied again in some hours, and it was three days after that before the os uteri gave way. I then instantly passed my hand by the placenta, got hold of the feet, and delivered. In each of these cases I found less difficulty in turning the fetus than I expected; the uterus at last seemed to be quite exhausted, and gave way to my efforts. I cannot too highly extol the virtues of the secale cornutum in these cases; it brought on muscular action in the uterus at once, and evidently preserved the life of the woman when nothing else could.

Since then I have had the same lady in the same state again, with placental presentation and twins; and another patient (a very hysterical woman) with placental presentation, and the same scirrhus-like feel of the os uteri, which occasioned me very great anxiety, and occupied my whole time for nearly a week.

Neither of these women had been subjects of dysmenorrhœa before they married, nor was there any peculiarity of constitution about them that I could detect, except hysteria.

I had never used the veratria ointment as a remedy for dysmenorrhœa when these cases occurred, or I should have been inclined to try whether that would have tended to take off that peculiar spasmodic action of the uterus in these cases.

I constantly used every possible form of cold application, pressure, and plugging the vagina, but without the slightest benefit; indeed the uterus never gave way until the whole strength of the system gave way, and such complete exhaustion was produced as was really appalling.

I am quite aware that in many instances where the accoucheur is obliged to turn the fetus, he finds the os uteri in an unfit state to dilate; but I think it very seldom happens that this state of the uterus, which I have described, is met with. I am not describing such a case as would admit of the discharge of the liquor amnii in order to bring on uterine action, and am well aware that these cases are often tedious from a rigid state of the os uteri; but I am endeavouring to describe cases where, after the liquor amnii is discharged, after plugging the vagina with sponges kept in by bandages day after day, the hæmorrhage continues, the labour pains continue, and the os uteri continues so thick, cartilaginous, and unyielding, that nothing but the most complete exhaustion of the woman has ever, in my practice, succeeded in relaxing it. In fact the bleeding has never been completely checked by plugging, although I have taken the greatest possible care to do it in the most efficacious manner.

[If we remember aright, M. Dubois has, in several cases of the above kind, divided the neck of the uterus with the best effects.—Eds.]

## APPARENT DEATH OF THE FŒTUS IN UTERO.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—The accompanying case, taken from my note-book, I conceive to be interesting to the profession, as clearly pointing out how highly important the stethoscope is, not only in enabling us to decide at once, in a doubtful case, whether a woman is really pregnant, but of ascertaining most satisfactorily this state of fetal vitality.

I shall feel much obliged by your inserting it in your Journal, if you deem it of sufficient importance.

Your very obedient servant,

SAMUEL HARE, Surgeon, &c.

Upper Gower Street, Feb. 21, 1842.

S. Sharp, aged 21, a fair and healthy looking woman, gave me the following account of her first pregnancy:—She quickened last May, through being frightened at a thunder-storm; was very sick at this time, and felt her child distinctly move. She suffered a good deal with bearing-down pain in her back, and all around her stomach, together with a leucorrhœal discharge; no œdema, or varicose state of the legs, but a numbness in her left thigh; bowels very irregular, either costive or relaxed, generally the latter; no morning sickness, but difficulty for the last six weeks in passing her water, which was more like coffee grounds for the first three months; areola very dark, but no distinct follicles; always very drowsy in the day, and troubled a good deal with heartburn. About the seventh month the catamenia appeared for two days, and she then complained of much forcing down pain, so that her mother fancied she was really in labour; they again appeared in three weeks time, and in a week after came like a gush of blood, of ruby red in colour, and with the feeling as though she was in labour; a medical man was sent for, who could not then state whether the child was dead or alive. At that time she was very large, but thinks she has decreased to nearly half her former size; and there has been an excessively fetid and slimy discharge, per vaginam, of a thick green and yellow colour, for the last month. She felt as though the child was dead about five weeks ago, for it rolled about the abdomen just like a lump of lead (to use her own phrase), and when she turned in bed, rose from her chair, or in any way altered her position, this weight was felt tumbling down to that side which is lowest. She was frequently seized with sudden shiverings, languor, and debility; lost her appetite and spirits; breath fetid; face pale, sallow, and of a dark leaden colour under the eyes.

The abdomen underwent no further increase of size, but greatly diminished; the uterus flaccid and movable; and a sensation of coldness and weight in the abdomen; her breasts were flabby; and there was great numbness down her left thigh. She noticed something come away in her water like pieces of flesh, but, unfortunately, her mother threw them away. On the 15th October I was unexpectedly summoned to attend her, and delivered her of a fine, strong, healthy child, alive; but no baby-linen had been provided, as four practitioners had pronounced, from the above symptoms (but mark! without ever once having applied the stethoscope), that there was not the slightest doubt in their minds but that her child had been dead for some time. The labour was quite natural, although very tedious. I was, however, convinced that the child was alive, for a firm, elastic swelling rose on that portion of the head which first entered the vagina, which is produced by the circulation in the presenting part of the scalp being obstructed by the pressure which the os uteri et vagina exerted upon it; an effect which can only be produced upon the head of a living child; for if the fetus is dead, the scalp will be felt to be soft, flabby, and without swelling. Judge, then, of my astonishment, for I had expected to encounter desquamation of the cuticle, emphysema of the scalp, looseness of the bones, and breaking up of the texture of the cranium, together with a total loss of pulsation in the funis.

## REMARKS.

Well has the justly celebrated Mauriceau observed, "S'il y a occasion où le chirurgien doive faire plus grande reflexion et apporter plus de précaution aux



choses qui concerne son art c'est en celle où il s'agit de juger si l'enfant qui est dans la matrice est vivant où bien s'il est mort." Here, certainly, were many of the symptoms of a devitalised pregnancy; as cessation of the child's movements; sensation of coldness, and weight in the abdomen; fetid slimy discharge per vaginam; and what Dr. Rigby thinks the most trustworthy, the sensation of a heavy weight rolling about the abdomen; for a woman who is pregnant with a living child feels nothing of the sort; she may even dance or jump, and yet she feels no more of a living fœtus than she does of her own liver or spleen. The living fœtus obeys the laws of organic life; the dead, those of gravity. From these symptoms, then, we cannot wonder at the medical men pronouncing that the fœtus must be dead; but what a different opinion would they have formed, had they only made a careful examination with the stethoscope; for the sound of the fœtal heart must be regarded as a sign of the highest value; since, however complicated and obscure the other symptoms may be, whether from co-existing disease or wilful deception, if this sound be once heard unequivocally, the real nature of the case is satisfactorily established beyond the possibility of doubt.

The uterine souffle is the first sound which auscultation detects, and may be heard as early as the fifteenth or sixteenth week, extending over the whole uterus; from the diminutive size of which, it can be heard most readily immediately above the symphysis pubis.

The beat of the fœtal heart, indeed, is attended with such a peculiar sharp and rapid tick, that it can scarcely be mistaken, and is usually heard at about the middle point, between the scrobiculus cordis and symphysis pubis, usually to one side, and that generally speaking, the left. With regard to the fœtal pulsations, we find them generally beating at the rate of 130 to 150 double strokes in a minute; and the age of the fœtus appears to have no effect upon the rapidity, for even at the earliest periods at which we can detect these sounds, the rate of the pulsation is the same as at the full term of pregnancy. In conclusion, then, Gentlemen (for I had no intention of trespassing so long upon your valuable columns), I do boldly contend that, if by the simple application of the stethoscope to the abdomen of the parturient woman, we can decide in a doubtful case on the present state of fetal vitality, we are gaining the greatest possible advantage, without subjecting the patient to the least pain, danger, or inconvenience, and even without shocking, in the slightest degree, the most delicate or sensitive mind, since it is not required that the whole of the dress should be removed.

#### CASE OF RARE MALFORMATION.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—Should you consider the following account of a malformation to be of sufficient interest, I shall feel obliged by your giving it an early insertion in your pages.

I am, Gentlemen,  
Your obedient servant,  
JAMES ORWIN,

Surgeon to the Worcester Ophthalmic Institution.  
Worcester, Feb. 24, 1842.

Mrs. J— was delivered of a daughter on the 15th of August, 1841. The labour was perfectly natural. On examining the infant, I discovered a fissure in the integuments over the lower portion of the spinal column, and on separating it a thin, semitransparent cuticle, similar to that raised by a blister, could be seen. At my next visit, on the following day, this thin cuticle had burst in one part, and I, therefore, dissected it away, to ascertain the state of the parts underneath. On passing the end of one finger into the fissure, I found I could move it under the integuments, as there was a sort of pouch in this situation. When pressure was made towards the pelvis, no bony resistance could be felt; and on carrying the fingers of the other hand along the spinal column, I discovered that it terminated at the upper part of the fissure, and at a point which corresponded to the middle of the sacrum, so that the lower part of that bone, and the whole of the coccyx, were entirely wanting. Dividing the pouch from the cavity of the pelvis, and occupying the place of the absent coccyx and lower part of the sacrum, was a rather firm membrane of a bluish tinge, which, when pressure was made upon it, gave the sensation of there being semifluid matter under it, such as the usual contents of the rectum. When the child cried, this membrane was distended. In order to ascertain its connection with the rectum, I passed a female catheter through the anus, and, as feculent matter escaped, the membrane became less distended. I then turned the end of the catheter towards the membrane, when I could easily feel it through this structure, and through the coats of the bowel, by the end of my finger, when placed in the fissure. This membrane was, in fact, the only protection which the rectum had from anything passed through the fissure in the integuments. The child was well formed in other respects, and there was no paralysis of the lower extremities to lead to the supposition of the malformation having any connection with the spinal nerves. The bowels and bladder evacuated their contents in a perfectly natural manner.

The case was seen by several of the medical gentlemen of this city, none of whom had witnessed a similar one; nor can I find such an one described in any work I have consulted. It cannot be regarded simply as a case of spina bifida, for that term is usually applied to a deficiency of the posterior part of the rings of the vertebrae; whereas, in the case under consideration, the lower portion of the spinal column was entirely absent.

The defect was fortunately below that portion of the sacrum which is connected with the ossa innominata, so that the spinal column was properly supported by the lower extremities. I know of no explanation which can be given of this case, except that it is to be considered as an illustration of what is termed "arrest of development;" but why Nature should leave her work incomplete in this situation, I must leave to more profound embryologists than myself to determine.

As it did not appear prudent to attempt any operation on a newly-born infant, the case was left to nature. I was rather apprehensive that the membrane covering the rectum would slough, so as to expose that gut, and perhaps lead to an artificial anus; but this disaster has not occurred: the membrane has become converted into a sort of internal integument, which has partly united to the surrounding structures, and when pressure is made towards the pelvis, a tolerable degree of resistance is experienced. The external fissure, however, still remains; and the natural integument not having become completely adherent to the internal one, formed from the original membrane, the pouch or bag is not obliterated. The child is now about six months old, and appears strong and healthy. As there does not seem any probability of the external fissure closing, or of the integuments becoming adherent to that beneath it, I feel anxious

to effect a consolidation between the two skins by the use of potassa fusa, and then to pare the edges of the fissure, and unite them by sutures. Such an operation would, I think, assist Nature in her endeavours to make up for the absence of the proper bony support at the posterior and inferior portion of the pelvis. The parents, however, object at present to have anything attempted. Should they consent, I shall be happy to communicate the result of the operation.

## PROVINCIAL

# MEDICAL & SURGICAL JOURNAL

SATURDAY, MARCH 5, 1842.

The earlier phrenologists, following the ideas of Dr. Spurzheim, had pointed out an unappropriated space in their craniological maps, situated immediately above that allotted to Ideality, as the local habitation of a faculty, to which Dr. Spurzheim gave the name of *supernaturalité*, but which, extended somewhat in its signification, was, by Mr. George Combe, more appropriately designated Wonder. The limits of this terra incognita were circumscribed by the organs Hope, Wit, Imitation, and the aforesaid organ, Ideality. It is stated by Dr. Spurzheim that the faculty connected with this organ, *supernaturalité*, produces, as its name indicates, the tendency to believe in inspirations, presentiments, phantoms, &c.; and Mr. Combe, in commenting upon these views of his great leader, says, "I have met with persons excessively fond of news, which, if extravagant, were the more acceptable; prone to the expression of surprise and astonishment in ordinary discourse; deeply affected by tales of wonder; delighting in the Arabian Nights' Entertainments, and the mysterious incidents abounding in the Waverley Novels; and in them I have uniformly found the part of the brain in question largely developed."

Whatever we may be disposed to think of the investing of that portion of the cerebral ganglia which lies immediately beneath this peculiar spot of the cranium, with the faculty in question, we can neither doubt of the existence of the sentiment, nor fail to admire the tact with which phrenologists have located it. It may, however, admit of question, assuming the principles of Dr. Spurzheim and Mr. Combe to be correct, that the chief end of the faculty or sentiment has been yet clearly made out, and that the designation of the organ, through which it is presumed to be manifested, is as expressive as it might have been. Following Mr. Combe, we can by no means admit that the faculty, with the limitation implied under the term *supernaturalité*, is correctly characterised and named; but, on the other hand, neither do we altogether subscribe to the opinion that every feeling of surprise, and the mixed emotions of admiration or terror often consequent thereupon, or rather interwoven therewith, however they may be classed under the general term Wonder, should be ascribed to the

unassisted activity of this organ. Circumscribed as is this spot, and as it were blended in indissoluble connection with the neighbouring organs, Wit, Ideality, Imitation, and Hope, and especially the three last, we cannot but look upon it as intended for the conjoint manifestation of the assemblage of faculties here brought together, and thus forming a compound organ, admirably adapted to express the sentiment, and give effect to the principle, the leading manifestations of which are so extensively exhibited throughout all classes of society, in a country not unaptly termed the paradise of empirics.

If we look to those peculiar mental qualities, the ill-regulated operation of which tends to unfounded credulity, we shall see that Ideality, Wonder, Hope, and Imitation, are greatly concerned in the production of the sentiment. Empirical pretensions, while they require, to invest them with interest, some dash of that faculty by which incongruous relations are perceived, are mainly indebted for their reception by the human mind to the imaginative powers of the recipient, the surprise by which they disarm his judgment, and the expectations of personal advantage to which they give rise. "*Afferim!*"—wonderful!—is the exclamation of the Turk, as he swallows, with the extreme of hope and credulity, the nostrums of the Jew resident, or the James's powder of the Christian traveller, both of them, perhaps, guiltless of medical knowledge. "*Wa! wa!*" cries the Hindoo, at every display of skill or jugglery, as the case may be, with which a white man may condescend to play upon or attempt to enlighten his understanding. The truth is, the appetite for the marvellous is insatiable. It is a principle in human nature, and the highly cultivated man of civilised life is equally subject with the untutored savage to its dominant influence. The only difference is, that the former, through his education and the general cultivation of his mind, is kept from manifesting it so generally as the latter. The one and the other show it more or less whenever they are in ignorance; the educated man, therefore, in much that passes before him; the illiterate child of nature in everything.

Upon these principles, profoundly ignorant as mankind in general are of the structure and functions of their own frame, and of all that relates to it, whether in health or disease, it is to be expected that empiricism will be encouraged, and that quacks will abound. It might have been supposed, perhaps, that by the highly seasoned pabulum with which the taste for empirical wonders has lately been gratified, the appetite would have been somewhat palled; but, after indulgence in the debauch of one day, there is little disposition for a simple and wholesome nutriment on the following. As the old delusions lose somewhat of their novelty, and having lasted their day, are no longer capable of satisfying the demands of a craving gullibility, new ones arise to take their place. St. John Long, with his metallic distillation from the backs of his patients, as witnessed by a noble officer in her Majesty's naval service, and other distinguished personages, rests in the tomb of the Capulets. The



liniment of Dr. Granville, since its composition has been made known, and the mystery in which it was involved dissipated, is forgotten. The wonders of animal magnetism becoming familiar, cease to be wondered at; and the cures of the homœopathist, really resting on the principle of doing nothing, divested of the marvellous, become daily more insignificant, and his infinitesimal doses working only on the imagination, are despoiled of their powers, and no longer capable of producing the same effects.

The most thinking public, therefore, are in danger of being compelled, for want of some better object for their credulity, to resort once more to the secret nostrums of the stationary and itinerant quacks, with which this country teems. Shares in the pill manufactory are at a premium. The Chancellor of her Majesty's Exchequer is congratulating himself on the prospect of a rise in the duty on patent medicines, when a fresh importation from Germany comes happily in time, and the professors of hydropathy are candidates to succeed those of homœopathy in the public estimation.

The new importation, however, has not been without its avant courier; our neighbours on the other side the Channel have already taken a dip, and the coming event was prognosticated at the meeting of the Provincial Association in July last. "Another of those extravagant delusions," we quote the words of the retrospective address, "which from time to time take root in the reveries of an over-heated imagination, has made its way from that country of strange and mystical conceits, Germany. I allude to the hydro-therapeia, or cold water of Priessnitz. This system, which rivals in absurdity its congeners, mesmerism and homœopathy, like them musters its thousands of credulous votaries; and after a ten years' concoction in its native soil, originally an obscure village in Silesia, has at length attained sufficient notoriety to challenge the attention of the French Academy. By a commission of this body, it has been most unequivocally condemned; and to detain you with any attempt at making known its principles, would be idle and unprofitable. It would, moreover, be altogether superfluous, as there can be little doubt but that before long we shall have its professors and its disciples in sufficient abundance amongst ourselves."

Our friends, therefore, will not be unprepared for the announcement of the numerous excellencies and manifold virtues which this new land, or rather water, of promise holds out to our acceptance. A clever writer, in the most influential of the public journals, has taken occasion, from a traveller's tale, to dress out an article adapted to the general taste. This is probably put forth as a feeler of public opinion, and intended to be a forerunner of some establishment about to be set on foot for the ostensible propagation of the new doctrines, and the personal advantage of some enterprising disciple of the German water-doctor.

The system of Priessnitz professes to cure all curable diseases by cold spring water, air, and exercise alone.

"The faculty and *pharmacopœia*," says the writer referred to, "will, of course, treat Priessnitz's pretensions with derision; but if they are well founded, and his system is generally adopted, the affair will prove no laughing matter for the doctor and the druggist, whose occupations will, on such an event, be clearly gone. All drugs are pronounced by Priessnitz to be poisons, and all mineral springs to contain not life but death in their waters. The horse or the ox which declines Harrogate water is wiser than man; nature has made the water nauseous to warn all animals against drinking it; the animal, therefore, which follows instinct is right; the reasoning animal, man, is wrong."

That our readers may be made aware of the mode in which Priessnitz, in rejecting the errors of the reasoning animal, follows up the infallible instinct of the brute, we quote the traveller's account of the *instinctive* brute practices to which he was himself subjected; the disease under which he was labouring is stated to have been *tic douloureux*. "Having at last made up my mind to become one of Priessnitz's patients, I was prepared for his coming in the morning. The first thing that he did was to request me to strip and go into the large cold bath, where I remained two or three minutes. On coming out he gave me instructions, which I pursued as follows:—At four o'clock in the morning my servant folded me in a large blanket, over which he placed as many things as I could conveniently bear, so that no external air could penetrate. After perspiration commenced it was allowed to continue for an hour; he then brought a pair of straw shoes, wound the blanket close about my body, and in this state of perspiration I descended to a large cold bath, in which I remained three minutes, then dressed, and walked until breakfast, which was composed of milk, bread, butter, and strawberries (the wild strawberry in this country grows in abundance from the latter end of May until late in October). At ten o'clock I proceeded to the douche, under which I remained four minutes, returned home and took a sitz and foot bath, each for fifteen minutes; dined at one o'clock. At four proceeded again to the douche; at seven repeated the sitz and foot baths; retired to bed at half-past nine, previously having my feet and legs bound up in cold wet bandages. I continued this treatment for three months, and during that time walked about 1,000 miles. Whilst thus subjected to the treatment I enjoyed more robust health than I had ever done before; the only visible effect which I experienced was an eruption on both my legs, but which, on account of the bandages, produced no pain. It is to these bandages, the perspiration, and the baths, that I am indebted for the total departure of my rheumatism." Variations in the order, the duration, and the mode of application of the ablutions, external and internal, are had recourse to; and so nicely are these cold baths, plunges, affusions, pediluvia, lotions, potions, &c., regulated, that, as we are informed, Dr. Priessnitz treats no two cases precisely alike.

Among the "all curable diseases" treated by these

various methods of applying the cold water system are, as we are informed by Dr. Behrend, of Berlin, "measles, scarlatina, small-pox, nervous fevers, rheumatism, scrofula, hernia, tracheitis, or complaints of the throat, gout, ringworm, syphilis, tic douloureux, and other nervous affections; tumours in the glands, swelling of the heart, liver, and all effects of mercury." Asthmas and pleurisies have been completely cured in three or four days, old intermittents without the use of quinine, and all these and many other diseases, "by simple cold water, without the aid of any other remedy whatever; and in a comparatively shorter time and a more favourable manner for the constitution than could have been attained by any other means." "All this," it is observed by the writer of the article referred to, in commenting upon the passage we have quoted from, "sounds marvellous and incredible, and will be long before it wins English belief; but Dr. Behrend is an experienced medical practitioner, who went to see and examine for himself, and he informs us that both the Austrian and Prussian governments are satisfied of the validity of Priessnitz's alleged powers of healing. Would it not be well worth the while of some intelligent and enterprising young medical English practitioner, many of which class now find it so hard to obtain employment, to spend a few months at Graefenberg, and thoroughly study Priessnitz's system?" But we have seen amongst ourselves as experienced physicians as Dr. Behrend led into error upon certain of these German mysticisms, and with regard to the "intelligent and enterprising young medical English practitioner" whom the writer appears to have in his eye, it is not too much to anticipate that such a one may be already prepared with the requisite information. It may safely be prognosticated that this avant courier of the public journal will, in due time, be followed by the appearance of the enterprising young practitioner.

We cannot resist quoting the concluding lucubrations—the summary of the whole matter with which this account of the manifold virtues of the cold water system is closed. "But the direct application of cold water to the cure of diseases is not so great a novelty as some of Priessnitz's admirers appear to imagine. Hippocrates, the father of medicine, prescribes cold water for the treatment of the most serious diseases; Celsus and Galen recommend its use in both sickness and health; and we could give a long list of writers who have adopted the same views. We may mention that nearly a century ago, in 1747, John Wesley published a book entitled 'Primitive Physic; or, an Easy and Natural Method of Curing most Diseases,' in which he gives his opinion that water, properly applied, will cure almost every disease which flesh is heir to. The founder of Methodism was not a physician, but he was a shrewd observer; and the valuable little work, to which we have alluded, is full of excellent advice, of which a regular practitioner need not be ashamed. But simple remedies do not suit this luxurious generation; they long for what is elaborate and costly; they are willing to 'do some great thing,' but when merely told to 'wash and be clean,'

like Naaman, the Syrian, they turn away from the river in a rage." That Hippocrates wrote an essay *de aquis, aer et locis*—that Celsus and Galen, and a long list of medical writers, ancient and modern, have been well aware of the good effect of cold water in various diseases, and were in the habit of using it—no medical practitioner is ignorant, and the writer in the "Times," whilst making this known to the public, might also have informed his readers, that the existing generation of medical practitioners fully appreciate the views and often follow the practice of their predecessors. We do not perceive either that his allusion to John Wesley's Treatise, entitled "Primitive Physic," &c., affords any additional argument in favour of the indiscriminate and indiscreet application of this remedy; nor are we convinced that because Naaman, the Syrian, was *miraculously* cleansed from his leprosy by dipping seven times in Jordan, all diseases are to be cured in like manner; or that, were the cure of Naaman a mere instance of anticipation of the doctrines of Priessnitz, the waters of Albana or Pharpar, rivers of Damascus, might not in that case as well have suited the purpose as those of Jordan.

#### CHILDREN'S HOSPITAL, PARIS.

##### CASE OF TUBERCULAR MENINGITIS.

By P. HENNIS GREEN, M.B.

*Slight Premonitory Symptoms—Intense Headache, with Vomiting—Convulsive Movements—Sighing Respiration—Coma—Death on the 15th Day—Sero-purulent Infiltration at the Base of the Brain.—Effusion into the Ventricles—Softening of the Central Parts.*

Auguste Coulson, 3 years of age, was admitted into the Children's Hospital on the 1st of September, 1835.

The child is full-faced and pale; his eyes are dark, and the lashes extremely long. His family are healthy, with the exception of an aunt, who has suffered from some affection of the chest. For the last three weeks he has manifested a disinclination to move about, and complained of pains in the legs. About fifteen days back the patient began to lose his appetite; was occasionally sleepy; complained of severe headache; and for the last three days vomited up every thing which he took; the bowels were constipated. For the last two days his parents remarked some convulsive movements of the eyeballs and fingers, the arms being at the same time stiff and extended. The father says that the child was unable to walk before the age of nineteen months, that the left leg was always feeble and dragged along the ground.

September 2. The child lies on his side, with the feet drawn up, and seems as if he were asleep; is slightly somnolent, but very easily roused; the face occasionally colours up; the eye-lids are firmly closed, and it is almost impossible to elevate them, pupils sometimes dilated a little, sometimes normal; no strabismus or turning up of the eyeballs. The child cries in a low voice from time to time, but does not answer any questions. The integuments of the face, head, abdomen, and extremities are extremely sensible; the least touch makes the child cry out, and then the face colours up, but soon becomes pale again. There is no stiffness or convulsion of any part of the body. The skin is not warm; pulse slow and irregular, 64 to 72; some pulsations are slow and full, others weak and rapid; respiration regular, 36; the chest sounds well on percussion, and there is no râle; he vomited once this morning; the abdomen now seems painful on



pressure: the tongue is white and moist; bowels constipated.

To have a large blister placed over the crown of the head; sinapisms to the legs; purgative lavement.

3. The face is pale, but was flushed a while ago; the child lies perfectly quiet in bed, and seems as if he were asleep; the right eyelid is easily raised up, the left one contracts forcibly against the finger; pupils natural; no strabismus; he has been in a state of somnolence all the morning, but cried frequently during the night; now he does not moan, and is less cross than yesterday. The skin is still very sensitive; moderately warm; pulse very irregular, 56; respiration regular, 40; bowels still constipated; vomited once; no deviation of mouth, contracture, or convulsions. It was now observed that the back of the head was considerably enlarged, the right parietal bone prominent, and that the left side of the face was slightly retracted. In the evening the skin became quite cool; the pulse was 64.

Ordered a mustard foot-bath and a purgative lavement.

4. The child has not cried nor complained since yesterday, and now lies quietly as if asleep, without stupor; he passed a tranquil night, and is now much less cross than he has been; face pale; yesterday, at two o'clock, the left cheek became flushed, and remained so for half an hour; left eyelid still contracted; right one relaxed; pupils oscillant, the right one slightly more dilated than the left one. The right cheek is less sensible than the left; it can be pinched strongly without exciting any pain. Skin, to-day, burning hot, but not very dry; some sudamina on the neck; pulse still irregular in force and rhythm, 76; respiration 54; no vomiting or nausea; abdomen not retracted, but very sensitive; passed three fluid stools of a yellow brown colour, and not fetid; no stiffness of muscles, or convulsive movements, but the working motion of the lower jaw (*machonnement*), which has been noticed for the last two days, persists.

To keep the blister open. Lavement. Mustard foot bath.

In the evening there was an increase of the febrile symptoms; the skin became more hot, and the pulse rose to 116.

5. The symptoms continue nearly as they were yesterday; the child now sighs occasionally; the face colours up every now and then; skin less warm; pulse 110 to 112, excessively irregular, and occasionally doubled; respiration unequal, 32 to 36; eyelids closed and contractile; pupils natural; no injection of the conjunctivæ; no strabismus; the mouth seems to be drawn slightly to the left side; no change of sensibility in the integuments of the face, but those of the abdomen and legs are extremely sensitive; on the upper extremities the sensibility is rather dull; no stiffness or contracture of muscles; abdomen retracted; has passed one stool; no vomiting; tongue white, clean, and moist.

Continue the remedies, with a purgative lavement.

Towards four o'clock the child became feverish; pulse 112; face flushed; but the exacerbation had passed away before five.

6. The patient is able to sit up in bed without support; the left cheek is deeply flushed; the skin warm; pulse regular, 112 to 124; respiration irregular and somewhat oppressed, 52. The somnolence has completely disappeared, but the child sighs from time to time; passed a quiet night; pupils natural; slight strabismus; abdomen still tender; two fluid stools; no lesion of motility has as yet manifested itself.

Decoction of dogstooth; almond emulsion; lavement. Foot-bath.

7. The child lies tranquilly in bed; he does not sigh so frequently as before; the changes of colour in the face continue; the left eyelid contracts strongly when touched with the finger; the right one is opened with the greatest facility; the skin is warm, and the left

hand is now bathed in perspiration; pulse full and regular, 106; respiration is accelerated, very deep, and accompanied by dilatation of the nostrils; on looking closely, however, it is certain that only the left nostril dilates; the other nostril remains almost perfectly motionless; no dilatation of the pupils or strabismus; the mouth is drawn slightly to the left side; no stiffness of body or limbs; the right arm is relaxed, and the right cheek is less sensitive than the left; abdomen free from pain, not retracted.

Continue remedies. Four grains of calomel. A purgative enema if required.

8. Has passed a scanty stool after the lavement, and appears to be much better; the stupor has disappeared, and the expression of the face is natural; did not cry during the night; skin moderately warm; pulse regular, 104; respiration, 34 to 36; no strabismus, but pupils slightly dilated; the eyelids present the same state of contractility and relaxation as yesterday; no vomiting; no convulsive movements; no stiffness or relaxation of limbs.

Continue remedies. Calomel, six grains.

9. The boy is sitting up in bed, and his appearance is almost completely natural; there has been no flushing of the face since yesterday; no cries, vomiting, nausea, or convulsions, but a little grinding of the teeth; the lips are clean and dry; tongue dry and whitish; no stool; abdomen tender, not contracted; skin cool; pulse small, sharp, 134 to 140; respiration regular, 32; pupils natural; thirst; deglutition unimpaired; senses of hearing and seeing intact, since the commencement of the disease; no lesion of the sensibility; the right arm, which was relaxed yesterday, is now a little stiff; he sighed frequently during the night, but slept well.

Same remedies. Calomel, eight grains.

10. The child lies on his side in bed, and is slightly somnolent; does not speak or cry; the face is very pale; no flushing; the sighing continues; he passed two stools after the enema, one of which was very dark; skin moderately warm; pulse regular, 120; respiration regular, 38; no relaxation or contraction of the limbs; no change of sensibility; the abdomen is tumid, painful, and there is some gurgling over the region of the cæcum. At three o'clock the skin became very warm, and the pulse rapid.

Calomel, nine grains. Continue the other remedies.

11. The child is somnolent; he moaned occasionally yesterday, but now lies quiet; both eyelids now contract powerfully when an attempt is made to examine the state of the pupils; the latter are slightly dilated; no strabismus; skin cool; pulse very small, 132; respiration, 22, irregular; the breathing is occasionally suspended, and there follows a deep inspiration, succeeded by an imperfect expiration; both arms are now contracted; the lower extremities are free; has had no convulsive fit; abdomen tense, and very tender on pressure; passed three stools.

Continue the remedies.

12. During yesterday the patient became stiff several times, and frequently carried his hands to the head, but uttered no complaint. He now lies in bed in a state of coma; the face is extremely pale; the eyelids open, and the eyes directed obliquely outwards and upwards; the conjunctivæ are deeply injected; pupils dilated and immovable; skin cool; pulse extremely weak, 140; respiration, 36; the cutaneous sensibility is completely lost; the right arm is extended, and the fingers firmly flexed; the left arm is demiflexed on the chest, and cannot be extended; the fingers of this hand are also firmly bent on the palm; the right leg is stiff; the left one paralysed; the abdomen is now retracted, and even still seems to be tender; he has passed three stools; no convulsive movements, or change in the colour of the face since yesterday. The child now sunk rapidly; the respiration became exceedingly embarrassed, and death closed the scene at six o'clock, a.m., of the 13th.

*Body examined 27 Hours after Death.*

*Head.*—On dividing the bones of the cranium a small quantity of blood issued from its vessels. The membranes on the right side, at the inferior surface of the brain, appear to be healthy; on the left side, the extremity of the middle lobe, near the fissure of Sylvius, is of a canary-yellow colour, from purulent infiltration into the pia mater; this has taken place over a space of three inches in length by one and a half broad, and the membranes are here thickened and adherent to the nervous tissue, small points of which are removed with the membranes. There are numerous granulations, both single and aggregated, in the neighbouring cellular tissue, and particularly between the fissures of Sylvius. The size of these granulations is extremely varied; some are not bigger than small pins' heads, others are as large as millet-seeds, while one in the left fissure of Sylvius is completely tubercular. On the upper surface of the brain the difference between the aspect of the right and left hemispheres is very remarkable; the vessels of the right side are not injected, but on the left side the surface of the convolutions is covered with capillary vessels, which pass from one convolution to another, and the large trunks are distended with dark blood; the same difference of vascularity is observed in the interior of the brain; the right side is pale; the various sections of the left side exhibit numerous bleeding points. The lateral ventricles are dilated, and contain three ounces of clear fluid; the inferior layer of the corpus callosum, the fornix, septum lucidum, and posterior walls of the ventricles are softened in the highest degree, and look as if they had been dissolved in a fluid. The cerebellum and spinal marrow are perfectly healthy. No trace of tubercle in any part of the nervous tissue.

*Chest.*—No adhesions of the lungs to the chest; their tissue is free from inflammation, but at the posterior surface they are much congested; numerous miliary tubercles are disseminated throughout the pulmonary parenchyma; bronchial glands much enlarged and tuberculated; some are softened in the interior. Heart and pericardium healthy.

*Abdomen.*—Some miliary tubercles on the liver and spleen, which latter is crowded with them interiorly. Stomach healthy; towards the end of the ilium there were several patches, in which the mucous membrane was deeply injected and softened. The large intestines were free from alteration; mesenteric ganglia healthy, with the exception of two, which contained some tubercular matter. The other abdominal viscera healthy.

## REMARKS.

The history of the above case illustrates a remark which I have often had occasion to make—viz., that in organic diseases of the brain we should take note of every symptom, however trifling, which the patient may present, in order to assist us in our diagnosis. In the investigation of organic affections of the brain, the medical man is deprived of the assistance furnished by physical signs; he is forced to rely on the rational symptoms, and these are often in appearance of so insignificant a nature, that the state of a patient labouring under a fatal disease might excite no apprehension whatever in the minds of those who are accustomed to measure danger by the number and severity of the symptoms. The little patient, whose case I have just related, evidently laboured under acute hydrocephalus in its most common form. From the commencement of the affection, we find all the characteristic symptoms of this fatal malady—head-ache with vomiting, somnolence, slow pulse, constipa-

tion. These and various other accessory symptoms continued for ten days, at the expiration of which they had disappeared, and left behind them only two symptoms, which might very easily have escaped the notice of the medical attendant; these were, the frequent sighing and a peculiar state of rigidity of the muscles, which gave a slight degree of stiffness to the right arm; but even this latter symptom was fugitive, and had disappeared on the following day. There was, then, a certain period in this case at which its true nature might very easily have been overlooked or mistaken. The sighing respiration is not confined to hydrocephalus, but the fugitive contracture of the limb is a symptom which, at once, would have awakened the attention of the experienced physician, and led him to discuss the nature of the case before him, by inquiring into its history. In the cases of acute hydrocephalus which I have already published, there were very few in which this symptom was absent at some period of the disease. Permanent contraction of the muscles may be a nervous affection, or it may be connected with softening of the nervous tissue; but the fugitive contraction of which I now speak is, I believe, very generally dependant on hydrocephalus.

There is another symptom, of apparent insignificance, to which I would beg to direct attention, as it is one which I do not think has been noticed by authors, though it has often been of great value to me in the diagnosis of acute hydrocephalus. The symptom to which I now allude is a peculiar contractility of one of the eyelids. On endeavouring to expose the eyeballs, even in the early stage of this disease, to examine the condition of the pupil, I have noticed that, while one upper eyelid is easily raised, the other will frequently contract against the finger, and resist all your efforts to expose the eye. This symptom, likewise, is a fugitive one; it does not depend on a desire to exclude the light, but on some modification of sensibility. I have repeatedly tried the experiment on children labouring under typhoid fever and other acute diseases, but never observed this peculiar condition confined to one eyelid, and frequently replaced, in the course of a few hours, by complete relaxation of the orbicularis. The state of the pulse in Coulson's case is the last point to which I shall refer. Writers on acute hydrocephalus almost invariably follow Whytt in stating that the pulse is considerably accelerated during the first stage of the disease. I have already, in a paper on acute hydrocephalus, shown the error of this idea. The comparatively slow pulse is a most valuable diagnostic sign in the *early* stage of acute hydrocephalus; in our present case it varied from 64 to 72 on the fourth day of the disease, and on the fifth had fallen to 56. That the *first* stage of the disease had not passed over at this period, will be evident on perusing the history of the other symptoms. Indeed, I know of no other symptom which leads so directly to the supposition that acute hydrocephalus exists, as this peculiar slowness of the pulse in the earliest stages of the disease.



## WESTMINSTER MEDICAL SOCIETY.

*Saturday, Feb. 26, 1842.*

Dr. GOLDING BIRD, President.

## ADMINISTRATION AND EFFECTS OF LEAD UPON THE SYSTEM.—MEDICAL KNOWLEDGE IN CHINA.

The PRESIDENT wished to know the experience of members relative to the effects of the acetate of lead. He had been in the habit of giving it in cases of hæmoptysis, in doses of two grains every four hours, and had never witnessed any ill effects from its exhibition. He spoke from the experience of many years, and he had been much surprised, therefore, at the simultaneous occurrence of three recent cases, in which symptoms of colic had been manifested. He was very desirous of ascertaining from members, whether he was to consider these three cases as the rule or the exception. In one of these, hæmoptysis was complicated with tuberculous consumption, the hæmorrhage was stopped in four hours, and on the next day symptoms of colic manifested themselves; the next case was one of menorrhagia; and in the third case, which was one of endocarditis, three grains of the acetate of lead were given every four hours, and in two days afterwards colic supervened.

Mr. ELLIOTT could bear similar testimony to the value of acetate of lead, as a remedial agent; he had been long in the habit of administering it in large doses. In seaport towns it was very common for sailors and naval officers to suffer from chronic hæmoptysis, and the medium dose in which he had witnessed its exhibition in these cases, was three grains every three hours, with one drachm of acetic acid prepared from the pyroligneous acid. The bowels were kept open during the period of administering the remedy, and no vegetables were allowed, as these were liable, in combination with the acids of the stomach, to form and disengage carbonic acid gas, according to the statement of Dr. A. T. Thompson, who was in the habit of administering this remedy very frequently, at University College Hospital. He (Mr. Elliott) could not recall a single case in which any evil effects followed the administration of the acetate of lead. There were some physicians who disapproved of its employment.

Dr. LANKESTER inquired if Dr. Bird had noticed the appearance of Dr. Burton's test of the presence of lead in the system—viz, a blue line running along the edge of the gums nearest to the teeth, in those cases in which he had exhibited that medicine.

The PRESIDENT observed that he considered this test of Dr. Burton to be as true a one of the action of lead upon the system, as a redness and swelling of the gums was a test of the presence of mercury. He had noticed the peculiar appearance alluded to by the last speaker, in some patients in the Charing Cross and Guy's Hospitals.

Mr. SNOW observed that, in his practice, he had never seen any ill effects to arise from the acetate of lead. In one case of hæmatemesis in which it was administered, symptoms of colic came on, and there was the blue line along the gums; there was great debility present in this case, which he attributed to the lead, although he did not know what the dose had been; he did not approve of large doses of lead being given to persons of weakened constitution.

Mr. CHOWNE related a case in which one ounce of acetate of lead had been given by mistake instead of a similar dose of sulphate of magnesia. Severe vomiting fortunately ensued, which was kept up by such appropriate remedies as a naval surgeon's cabin could command. The person recovered without the supervision of any bad effects beyond the debility caused by long continued vomiting.

The PRESIDENT observed that he had been so long in the habit of giving lead with impunity, that he

should almost have doubted the fact of its being a poison, had he not met with two cases of children who had been poisoned by it; one of these children had a bruised knee, to which some Goulard water had been applied, and the bottle containing it being labelled as "mushroom ketchup," the two children very soon finished it between them.

A MEMBER observed that he was a stranger to the ill effects arising from the administration of lead internally; he did not consider that the blue line along the gums could always be relied upon as a sure diagnostic. There was a patient in the University College Hospital, who had not taken one grain of lead, but had taken large and frequent doses of mercury, yet he had the blue line along the gums; in one case, where the same symptoms showed itself, the patient had been taking the oxide of zinc and the nitrate of silver, and he had generally found that whenever any metallic oxides had been taken the blue line along the gums was to be seen; lead might be taken in such quantities as to induce paralysis, and yet no blue line be present along the gums.

The PRESIDENT remarked that in catarrhal stomatitis, and in affections of the mouth, or where the constitution is in a bad and unhealthy state, and there was much livor and pallor of the gums, it might be difficult, perhaps, to distinguish such a state from one produced by mercury; but in the absence of these symptoms, and where lead had been taken, the blue line along the gums was to be considered as a sure symptom of the presence of that remedial agent in the system. In the peculiar affection denominated the "hand drop," and which is frequently met with in painters where the extensor muscles of the arm are paralysed, this, being frequently caused by the imbibition of lead into the system, is as frequently accompanied by the blue line along the margin of the gums. These facts induced him to place great reliance upon this diagnostic test of lead in the system.

Mr. STREETER observed that, during the prevalence of the cholera, he had been in the habit of treating the early symptoms of diarrhoea which preceded the cholera with one grain doses of the acetate of lead, in combination with opium and capsicum; this was given after each liquid dejection from the bowels, yet he had never met with any bad effect from the lead thus exhibited. He recollected a case in which one ounce of the acetate of lead had been taken; all emetics failed to rouse the dormant torpor until mustard was tried, and that succeeded in dislodging the poison.

The PRESIDENT observed, in allusion to the cases of poisoning, by Goulard water, which he had mentioned, that, on examining the bodies after death, the intestinal canal was found to be contracted along its entire course, to the diameter of an earth-worm.

Mr. DOWNING was now called upon to read his paper on

## THE STATE OF MEDICINE AND MEDICAL KNOWLEDGE AMONG THE CHINESE.

The antiquity of the Chinese nation was very great, and their discoveries of the principles subservient to the preservation of life was dated back to a very distant period of time. The earliest medical knowledge they possessed was of the substances of the mineral kingdom. Their general ideas of medical knowledge possessed great affinity with that of the western nations of Europe. They traced their reception of medical science to one whom in their figurative language they termed the Divine Husband; he it was who taught them the use of herbs in the treatment of disease; and the remedies which he prescribed are still considered by the Chinese as among the most excellent of the art, and it is to this blind and fancied superstition, still prevalent among them, that the author was induced to ascribe the low state of medical science among this strange and singular people. Their present knowledge of the healing art was the same as it



had been for many years past; they had made no recent progress or improvement. Their peculiarity of practice might be estimated from the fact, that, in treating the sick, if the patient recovered it was all well, but if he died, it was the result of chance, and therefore chance alone bore the blame. If, in treating a disease, the Chinese doctor struck out into a new plan, the patient and his friends generally gave up their case as a lost one. The native practitioners in China read but few books; their fees were very small, unless in the case of those who had obtained a high reputation, when the amount of their fees was raised in proportion to their skill. Quacks and charlatans abounded throughout every town and village in China. In the capital there is an examining board, but which is only for the purpose of superintending those who attend the government and the emperor. In investigating and treating a disease, the physician attends once only, but does not continue to attend during the progress of the disease. In treating the venereal disease, it is left only to the care and attention of quacks and nostrum venders, as the regular Chinese practitioners will not attend upon patients suffering this disease. Their medical books are full of jargon, and their nosological opinions of disease are truly magical. They consider the human body to be composed of certain elemental substances, and when these are interfered with, disease is immediately set up. Little is known of anatomy, as dissection is not allowed; they sometimes preserve the bones of their relatives after death, and by that means some slight knowledge of osteology is kept up among them. They consider the heart to be on the right side of the body, and the liver on the left. They were acquainted with some of the doctrines of the circulating system as far back as their earliest historic records go, upwards of 2,000 years since; they are not, however, in the present day cognizant of any circumstances connected with the function of respiration. Their physicians recognise twenty-four kinds of pulse, which they say belong to different parts of the body; the pulse of the heart and liver are on the right side, and from the pulse they profess to be able to detect childbirth. Their facility in detecting the different varieties of the pulse is extraordinary, and far surpasses the skill of more civilised nations, and from it they profess to be able to detect the duration of disease.

They consider that the nose is the first part of the body formed in embryo. Their pathology is divided into infinite varieties, and is obscured by great wordiness both of detail and description. Their materia medica is a most absurd one; their vegetable which enjoys the highest reputation as a curative agent is called "geasing." Tea, tobacco, and Malay camphor have great virtues attributed to them. Consumption, which is a very prevalent disease in China, is treated with foxes' bones and otter's horns; a dose of tiger's bones invests a person with courage, and elephant's eyes, boiled, are considered as a good remedy for inflamed eyes. Mercury is used in the venereal disease; calomel and corrosive sublimate are the most commonly used preparations of this mineral. Cinnabar is very much used in chemistry, but it is prepared in a very uncertain and incorrect manner; but the use of mercury is much less prevalent in the treatment of disease than it formerly was. They consult the stars and the native astrologers. Their principal works on medicine are four in number, each comprising many volumes, and they abound in fortunate days, sound and unsound theories are mingled together, and these were exemplified by many extracts from Chinese works on medicine. Hernia has been mistaken for the vapours, yet their natural sagacity is prominently displayed in some cases, even where European practitioners have failed, the native practitioners have succeeded in effecting a cure; but the reverse, it need hardly be observed, is the most commonly met with. There are hospitals open at Macao

and Canton; they employ the moxa, which originally came from China; acupuncture, too, is one of their remedies, and, in employing it, they use silver needles; they inoculate by introducing dossils of lint dipped in small-pox matter, into the nose. Mr. Pearson originally proposed vaccination in China among the Chinese, and it is now frequently performed. The inferior practitioners, like those of a similar class in England, placard their houses and walls with their nostrum bills. The native physicians prescribe many drugs, either in the form of decoction or bolus, which latter is sometimes so large, that the patient is sometimes nearly choked, and may die; and should such an event occur, it is considered as of little consequence as the result of fate.

Dr. GOLDING BIRD remarked that, however odd and singular some of their theories might be, yet that the observations of the Chinese were not more strange respecting the pulse than those which had been supported by Dr. Rowe, a member of the College of Physicians.

After some remarks from Mr. Streeter,

Mr. ELLIOTT said that he was desirous of knowing if the ox-gall was used by the Chinese, as it was now employed by many London physicians; its bitter principle being supposed valuable in deranged states of the liver and gall bladder.

The PRESIDENT observed that—though Dr. Copland, Dr. Johnson, and other London physicians prescribed the ox-gall, in combination with salts of iron and purgatives, in cases of indigestion and inspissated bile—it was absurd to suppose that they prescribed it on the principle of one bitter product providing for the due and healthy discharge of a bitter secretion.

Mr. DOWNING stated that he believed the Chinese used the-ox gall, as they used the gall of all other animals.

Mr. BROOKE was desirous of knowing if the Chinese were acquainted with surgery, or with the performance of any surgical operations, or whether they had any knowledge of calculous complaints.

Mr. DOWNING replied that they knew nothing of surgery, and were very averse to the use of the knife; they had a great horror of the lancet, and consequently never bled; there was no instance, he believed, on record, of their performing any capital operation; he had known cases brought to the hospitals of Macao and Canton of broken limbs of seven or eight years' standing, and which required amputation. He believed there were some specimens of the pathology of diseases in China in the museum of Guy's Hospital.

Some desultory conversation, bearing upon the connection between the ancient traces of medical knowledge in Egypt and China, succeeded, but we do not report any portion of it, as no remarks of a practical nature were made by any of the members present.

## ACADEMY OF SCIENCES, PARIS.

February, 21.

### ANEURISM OF THE HEART.

M. LARREY read a memoir on aneurism of the heart. In a former paper the author had endeavoured to prove that this disease is not incurable, if treated before it has arrived at the last period. The means employed by M. Larrey are, the application of cupping glasses over the left hypochondrium and back, followed by moxas; general bleeding, the use of ice, especially at the commencement, and antispasmodics. The moxa, according to M. Larrey, possesses an exciting property, the effects of which extend to the heart, and tend to restore the weakened parietes of the heart to their natural condition. The application of ice, curiously enough, acts in the same way. M. Larrey presented the cases of four women, treated by him on the above mentioned principles. In one case, fifty-nine moxæ and one hundred applications of the cupping glass had been resorted to.



## ACADEMY OF MEDICINE.

February 22.

## HÆMORRHAGE AFTER LITHOTOMY.

M. Begin read a memoir on the hæmorrhage which occurs after the operation for lithotomy. If we consider the normal anatomy only (says the author) of the parts concerned in the operation of lithotomy, we shall have a very imperfect idea of the cause and frequency of this accident. In many cases the occurrence of hæmorrhage depends on various anomalies in the course and volume of the vessels, and on their dilatation; but in others the bleeding takes place by a sort of exhalation, without the injury of any considerable vessel.

The statistics of lithotomy show, that one out of every five or six patients, who are cut for the stone, die; it would be highly useful if we could determine in what proportion the different accidents that attend the operation contribute to this mortality. This is a very difficult question, and all that the author attempts to do is, to affirm generally that about one-fourth of the total deaths depend on hæmorrhage. Authors lay much stress on the necessity of determining the exact seat of the bleeding, and they give several rules on this point; but M. Begin observes, that it is always very difficult to form any precise idea of the vessel from which the bleeding comes. The author next passes to an examination of the various means employed to arrest the hæmorrhage—viz, pressure, ligature, plugging, cauterisation, cold injections, &c. &c.; he affirms that none of these means can be confidently relied on in all cases. He then mentions a process which he has adopted with success in three cases where the bleeding had resisted every other means. In the first case he had the patient placed on the edge of a bed, and made his pupils keep constantly injecting cold water into the wound. After the lapse of an hour the bleeding ceased, and did not return. This method, however, is extremely tedious and difficult of execution; the author, therefore, in a second case, substituted for it the keeping up a constant current of fluid, by means of a tube placed in a pail of cold water.

## SPONTANEOUS GANGRENE OF THE NECK OF THE UTERUS.

M. Baron communicated the history of the following curious case. A female was admitted into la Charité with symptoms of endocarditis; she had no other symptom of any disease of the uterus except an abundant mucous discharge; about fifteen days after her admission she was seized with severe hæmorrhage from the vagina, and on examination being made a movable body was found blocking up the entrance of the vulva; this was easily extracted. M. Baron exhibited it to the members of the Academy, who easily recognised that it was formed by the neck of the uterus and the upper well of the vagina. The structure of the parts appeared to be unchanged, but a dark line marked the place at which they had been separated by gangrene. The hæmorrhage did not continue long after the removal of the parts alluded to, and the woman recovered in a short time.

## TRANSPPOSITION OF THE VISCERA.

M. Gerdy communicated a case of transposition of all the viscera, which occurred in a young man twenty-five years of age, who died of consumption. Cases of this kind are not very rare; but what rendered the present one peculiarly remarkable, was the fact that the cavities of the heart were transposed likewise.

## SUDDEN DEATHS.—CORONERS' INQUESTS.

We extract the following judicious observations from Mr. Farr's last letter to the Registrar General:—

Coroners' inquests are held in nearly all violent deaths, and in some sudden deaths, or deaths which appear to the coroner to require investigation. Where the "cause of death" was stated in the verdicts registered, the latter cases were referred to the proper heads in the Abstracts; inquests in which the "cause of death" was not ascertained, but the death was said to be "natural," or "by visitation of God," were classed under the head "Sudden Deaths."

The cause of nearly 2 in 3 sudden deaths is not stated in the verdicts. Apoplexy was said to be the cause of 53 deaths, diseases of the heart and arteries of 27, exclusive of 10 ascribed to rupture of a blood-vessel. Fits and convulsions come next in the order of frequency. Several of the sudden deaths happened in the course of chronic diseases, but the cases of consumption occurred principally among criminals in the prisons, and were not sudden deaths. In 1,087 other cases which occurred in the metropolis (1839), the deaths were ascribed to apoplexy 84 times, convulsions 17 times, epilepsy 10 times, heart diseases 36 times, and rupture of a blood-vessel 36 times. The verdicts, "visitation of God," or "natural death," were returned 632 times in the 1,087 inquests, not comprising violent deaths.

Although an absolute rule has never been laid down, it is generally understood that inquests are held not only where violence is suspected, but in diseases which, from the nature of their symptoms, are liable to be confounded with deaths by violence. Nearly all the deaths by personal violence are immediate; and poisoning is usually recognised by the rapidity with which the symptoms come on after a meal, or after the poison has been swallowed. The law, therefore, points out those who die suddenly (*subitos mortuos*) to the especial attention of coroners. Many deaths under the following heads, in 1839, would belong to this class, having often occurred either suddenly or with symptoms, caused by the respective diseases, not easily distinguished from the symptoms of death by poison, or the many forms of personal violence:—Apoplexy, 5,293, convulsions 25,408, epilepsy 1,186, aneurism 102, ileus or colic 637, intussusception 112, ulceration of intestines 347, hæmatemesis 98, hæmorrhage 1,046, and delirium tremens 206; the unclassified cases of sudden death in which inquests were held 3,696, some cases of heart disease 3,551, and childbed 2,915. Hydrophobia 15, tetanus 122, intemperance 218, and starvation 130, properly belong to the violent deaths. Persons labouring under sickness require peculiar care, and whenever there is proof that this has been maliciously denied, the death requires an inquest, and may be properly referred to deaths by violence.

No definition of the sense in which "sudden death" is practically understood by the coroners has been given; nor can we describe in any precise terms the class of cases, exclusive of violent deaths, which are comprised in the abstracts of inquests. The writers even on medical jurisprudence do not state with any strictness what they mean by sudden deaths—whether it be death in 10 minutes, 10 hours, or 10 days; but it is generally applied to cases where persons, previously able to attend to business, are suddenly deprived of consciousness, and expire in less than 24 hours. Understood in this sense, it is the popular opinion that "sudden death" is the result of apoplexy, when it is not produced by violence. The recent researches of M. Devergie prove that the opinion is a popular error; and if M. Devergie's theory be rejected, his facts prove satisfactorily that the "apoplectic theory" rests on no solid grounds. Many of the verdicts which ascribe "sudden death" to apoplexy must be erroneous.

M. Devergie, who is Medical Director of the *Morgue*, to which all bodies found dead in Paris are conveyed, and who has had better opportunities for investigating the subject than any other person, refers sudden death, after Bichat, to the three principal organs—the lungs, brain, and heart. In death by the lungs, the circulation is stopped primarily in those organs; the pulmonary artery, the right cavities of the heart, and the *venæ cavae* are gorged with blood. The pulmonary veins, the left cavities of the heart, and the aorta are empty, or contain an infinitely small portion of blood. In death by the brain (apoplexy), the respiration is embarrassed, the lungs congested, and then the heart ceases to beat; the meningeal veins are gorged with blood; the lungs contain a considerable quantity; there is blood in both sides of the heart, but most in the right cavities. If death begin at the heart (*syncope*, fainting), its action ceasing all at once, the cavities are full on both sides, not as they are in the state of accumulation, but as in the ordinary state of the circulation; there is blood in the arteries and veins. Neither the lungs nor the brain are congested. This is a brief summary of the results of M. Devergie's researches. The term congestion is vague, and by no means unobjectionable; but it is often all that is found in violent death by asphyxia, and it has something like a specific meaning in M. Devergie's essay, who reports several cases at length, which medical witnesses will do well to consult.

The following is a summary of 40 cases of sudden death, carefully examined by the Medical Director of the *Morgue*:—

Apoplexy, with a clot in the annular protuberance, 1; meningeal apoplexy, 3; serous apoplexy and pulmonary congestion, 2; congestion of the brain and spinal marrow, 3; pulmonary congestion, 12; pulmonary and cerebral congestion, 12; hæmatemesis, 2; syncope, 3; rupture of the heart, 1; rupture of the pulmonary artery, 1.

The coroners' inquest was founded at a time when homicide constituted a common cause of death. It must, from its popular nature, have contributed not only to the detection and repression of crime, but to the general abhorrence of assassination, and the tender regard for human life in all its forms, which pervades the minds of the people of this country. The principle of the deodand, too, is full of wisdom, as it recognises the fact that accidental death may be indirectly caused, and by inflicting fines on the owners of dangerous animals, machinery, and other property, exercises a salutary check upon responsible parties. The act, which directed inquests to be held upon all criminals who died in the prisons, was an useful extension of the institution, but of less practical importance than the clause in the Registration Act, which provides, that "*in EVERY CASE in which an inquest shall be held on any dead body, the jury shall INQUIRE OF THE PARTICULARS HEREIN REQUIRED TO BE REGISTERED concerning the death, and the coroner shall inform the registrar of the finding of the jury, and the registrar shall make the entry accordingly.*"† One of the particulars "required to be registered" is "the CAUSE OF DEATH." The act left to the proper parties—the coroners—the discretion of holding the inquest, but rendered it imperative on the jury, whenever it was summoned to sit on a body, to inquire into the particulars of the "cause of death." The legislature thus provided for the full investigation of all the cases of death, which, in the judgment of the coroners, required inquests to be held, or were liable in any way to be confounded with deaths by poisoning or violence.

All writers upon medical jurisprudence agree that the causes of sudden deaths can, in general, only be

ascertained by an inspection of the principal springs of life. It will be sufficient to quote three passages to this effect from the classical works of Divergie, Beck, and Christison, the most recent writers, and the best authorities, on the subject:—

"The physical cause of sudden death can rarely be discovered from the information obtained relative to the circumstances which preceded, accompanied, or followed the death. From the autopsy alone positive notions can be derived; the observation of the phenomena which accompanied death, and their recital, being always more or less inexact."—Alph. Devergie, "*Méd. Légale*," tome i., p. 66.

"At the present day physicians, at least, need not be told that an external view alone of the body is perfectly nugatory, and that it can lead to no certain deduction."—Beck, "*Elements of Medical Jurisprudence*," p. 955.

For the detection of poisoning, the body must be examined, but mere inspection is insufficient; an analysis of the contents of the stomach is required. Professor Christison remarks—"That the chemical evidence in charges of poisoning is generally, and with justice, considered the most decisive of all the branches of proof. \* \* \* \* Although, on the whole, the appearances after death, when considered singly, can very rarely supply evidence of poisoning even to the amount of probability, they may, nevertheless, prove very important under other points of view."—Christison, "*Treatise on Poisons*," pp. 52, 54.

The opinion of Mr. Baker, one of the coroners for Middlesex, derives weight from his extensive experience; it is to the same purport:—

"It does seem very difficult, without resorting to medical testimony, almost in every case, to carry out the full intentions of the legislature—[with reference to the registration of the "Cause of Death"]—enforced as the duty more particularly is, by the cogent requisitions of the Registrar General, in his circulars to the registrars appointed by him, to work out its principle in the best possible manner."—W. Baker, Esq., "*Minutes of Evidence taken before Select Committee on Coroners for Middlesex*," p. 127, 1840.

The Medical Witnesses' Act, introduced by Mr. Wakley, had previously enabled the coroners to command the services of persons skilled in pathology, and the analysis of poisons, and thus placed it in the power of juries to obtain adequate evidence and knowledge to comply with the requirements of the Registration Act. The number of inquests has latterly increased; and to this act and your instructions the increase was ascribed, in part, by the witnesses examined before a committee of the House of Commons. The act, however, will improve the character more than it has increased the number of the verdicts. Formerly the verdicts did not assign the "cause of death." The information which they furnished in violent deaths was exceedingly vague, imperfect, unintelligible, and would have scarcely been worth preserving in the national records. "*Felo de se*" and "accidental death" cannot properly be considered "causes of death." So late as 1839, notwithstanding the improvements which have latterly taken place, the juries did not ascertain the "cause of death," in several thousands of inquests. Under the inquiry, "Cause of Death?" in the registers, the registrars could enter nothing more than "natural death," or "visitation of God," which, it is scarcely necessary to say, are no answers at all, but mere evasions of the inquiry, as it is understood in medical science, and in the medical jurisprudence of the present day. Even with the aid of well-qualified medical witnesses, and experienced coroners well versed in medical jurisprudence, the causes of *some* deaths would be inquired into in vain, and be registered "unknown;" but the cases of this class would probably not be numerous, and would diminish every year with the progress of

\* "*Medecine Legale*," tome i., p. 66.

† 6 and 7 Will. IV., cap. 86, sec. 21.



scientific investigation, undertaken in compliance with the provision of the Registration Act.

It would be taking a narrow view to assume that the inquest is intended only to detect deaths by murder. About 35,000 inquests were held in the two years 1838-9, when 156 murders were registered. There was but 1 verdict of murder to 224 inquests. According to the Criminal Returns, 121 offenders were tried for murder in 1838-9; of that number only 37 were convicted, and 15 were executed. The number of deaths by manslaughter is inconsiderable. The primary question in every inquest unquestionably is, was the death the result of homicide? And even this can only be satisfactorily answered by strictly complying with the provision of the Registration Act, and inquiring into the particulars of the actual cause of death. Exclusive of the use of the deodand in preventing accidents, however, the principal utility of the inquest is the security which it affords the public mind, and its tendency to prevent crime, by convincing the evil-minded that murder cannot be committed with any chance of impunity. But inquests, in which the "cause of death" is not inquired into, can neither inspire criminals with dread, nor the public with confidence. The most important part of the evidence of the inquest is omitted when the "cause of death" is not investigated. The expense of inquests, which is now not considerable, would be slightly augmented; but the value of the information, and the use of the inquiry, would be increased in an infinitely greater degree. The legislature, moreover, has left the coroners no discretion upon this matter. The juries are bound by the act to inquire into the particulars required by you; and the coroners are bound to supply the registrars with the results, comprising an intelligible statement of the "cause of death," so far as it can be ascertained. The inquests in England will, henceforward, be as efficient as similar inquiries in France or Germany, and be placed on a level with the present state of medical jurisprudence, to contribute to that branch of science an immense number of new, well-authenticated, and instructive facts.

When the proximate cause of death has been ascertained, it is sometimes difficult to determine whether it should be referred to disease, suicide, homicide, or accident. The difficulty is greatest in drowning. In deaths by wounds, fractures, burns, poison, and hanging, the circumstances of death, as well as collateral proofs, assist the mind in coming to a decision. But the state of the body in persons "found drowned" is generally the same, whether they were thrown into the water, drowned themselves, or fell into the water by accident. In the metropolis, 351 persons were drowned in one year (1838); 29 were suicides, 1 was a murder, 130 were accidents, and the verdicts left it undetermined in 191 instances—more than half the total number—whether the individuals met their death by suicide, homicide, or accident. It is true that the verdicts never express more than degrees of probability—approaching more or less to certainty—and that the juries might have safely come to the decision, on the circumstantial evidence, that many of the number were suicides—an opinion which they would often unhesitatingly express, if the verdict "found drowned" did not save them from the dilemma of pronouncing the suicide insane, or guilty of "*felo de se*." Several of the bodies, however, were not identified. The profession of 25 men "found drowned" (1838) in the Thames, canals, and waters round London, was not known. The fact that some bodies of drowned persons are never found, that others are never identified, and that murder by drowning leaves no marks, appears to offer a chance of impunity to the commission of the crime in this large city. In Paris all persons found drowned, or dead, are conveyed to the *Morgue*, where, if they are not soon claimed, the bodies and dress are arranged, so as to afford every facility for identification. When a person is missing, under sus-

picious circumstances, the friends resort thither; the bodies are frequently identified, and a clue is obtained to the motives and nature of the act. In London the bodies found dead are taken to any obscure vaults, public-houses, or small rooms that can be obtained for the purpose, at the cost of a few shillings, where they often lie undescribed, unadvertised, unknown, until the constable summon a jury in the immediate neighbourhood, who bring in—with no evidence before them of identity, or with little satisfactory evidence as to the circumstances of the death—the common verdict, "found drowned," or "found dead." The coroner very properly advises the parishes to advertise the body. But it is then late; it would involve considerable expense in some parishes, and the unnamed dead are frequently committed, without further delay, trouble, or expense, to the parish burial-grounds. Persons may thus disappear, and be buried, before their friends miss them, in the dense population of the metropolis. Without adopting the French *Morgue* in all its details, some steps should be taken to remedy the defects in this part of our system of police. The bodies "found dead" should be conveyed to one central place, where they may lie until notice had been given to the coroners, and opportunities had been afforded for identifying them. Advertisements, drawn up under the direction of the coroners, should be sent to the newspapers, and placards to the police offices, before the inquests were held, which would enable the parties concerned to identify the dead, and the juries to ascertain the causes of death, in compliance with the clause in the Registration Act."

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ON THE  
TREATMENT  
OF  
GONORRHOEAL OPHTHALMIA.

By M. RICORD.

From the dangerous nature of this affection, the surgeon should be careful to attack it on the earliest appearance of any symptoms which indicate its development. As soon as the conjunctiva shows the least redness, whether general or partial, the eye should be protected from the light, strict attention to regimen ordained, and the bowels opened by some laxative medicine. When the gonorrhœa is accompanied by some fever, or the latter appears immediately before or soon after the redness of the eyes, leeches are to be applied on the temple. The main remedy, however, is cauterisation of the affected conjunctival membrane with the nitrate of silver. It is far better to run the chance of employing this measure, in cases of doubtful appearance, than to defer it until the disease has acquired a degree of intensity which may baffle all our efforts. In a very early stage, one or two light applications of the caustic may be sufficient; but in all cases the subsequent use of the remedy must be regulated by the effect of the first applications on the inflammation of the eye. The direct use of the nitrate of silver is seconded by a wash containing the same substance in solution. One grain to the ounce of distilled water is commonly sufficient, and the lotion may be applied three or four times a day. In more severe cases, when the conjunctiva is granular, furnishes an abundant secretion, and the eyelids are more or less swollen, but when no regular chemosis exists, we still rely on the nitrate. Care must be taken to apply it to all the affected parts, but not to touch the cornea. The effects of this remedy, when prudently but energetically used, are truly wonderful; there are certain rules, however, by which the practitioner should be guided. When

the first application fails to diminish the tumefaction, pain and secretion of pus, and especially when the appearance and consistence of the latter are not changed by it, we must have recourse to the nitrate of silver again; in very acute cases this must be done within five or six hours of the same day.

The nitrate of silver has been applied in the form of solution, as a powder, or solid; but the lotion is certainly the most convenient form, particularly in the case of children or irritable persons. The strength in which I employ the solution is two scruples of the nitrate to eight scruples of water. It may be applied with a camel's hair brush, first to the lower lid, then to the upper one, and finally to the globe of the eye. I have already said that we should be careful to avoid the cornea. Some recommend the application of a drop of oil to cover this part of the eye; but the object is equally well attained by injecting some water between the eyelids. Solid nitrate of silver is the form which I generally prefer; with the caustic pencil the granulations and other morbid products are more easily commanded, but more caution is required to avoid injuring the cornea. The pencil should be passed over the diseased surfaces, until a thin white film ensues; our object being to modify the action of the mucous membrane, but not to destroy it.

Although I have thus recommended the use of nitrate of silver in all stages of gonorrhœal ophthalmia, I would not have the practitioner neglect other means of subduing the inflammation. In severe cases, general and local abstraction of blood must be employed; we must command the inflammation, and not be content to follow it; purgatives and abstinence from food will also be requisite. The patient, likewise, finds much relief from warm fomentations of the decoction of poppies. The extract of belladonna is efficacious in all cases of ophthalmia, and in this form particularly, by diminishing the sensibility of the organ; it may be rubbed round the base of the orbit twice a day. To cleanse the eye from the purulent secretion with which it is constantly bathed, is also indispensable; for this purpose I am in the habit of injecting, every hour or half hour, according to circumstances, the anodyne decoction and weak lotion of lunar caustic alternatively. The efficacy of the treatment now recommended has been abundantly proved by experience. During the last ten years I have only lost a single eye, and this can be testified by the numerous practitioners and pupils who have attended the venereal hospital during that time.—*Bul. de Therapeutique*, Jan., 1842.

## ATTENDANCE OF PHYSICIANS WITH DRUGGISTS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—I must beg leave to call your attention to the "important medico-legal inquiry," as you justly call the coroner's inquest upon the body of Miss Rathbone, at Bath, reported in your valuable Journal of last week. On the melancholy event itself no more need be said; it will, doubtless, act as a warning to the druggist and his assistants. The case assumes importance from the alliance between the doctor and the druggist. It is a most serious matter for the profession, and one which I am sure my brother general practitioners will view with indignation, that the physician, Dr. Watson, attended with a druggist, a Mr. Watts, from the afternoon of Friday until the evening of the Sunday following. When called in haste, consequent upon the mistake in the medicine, it appears in evidence that Dr. Watson met the druggist with his patient, and left him in charge of the case during the night. In the Doctor's own words, "*I left Mr. Watts*

*with instructions how to carry out my views during the night."* Now, Gentlemen, the case either was or was not sufficiently serious to require the attendance of a medical man during the night; if it was, the physician's duty was clearly to place a duly qualified practitioner at the bedside of the patient; if not, surely there were other and more proper nurses to be found in Bath than allowing a druggist, who is as foreign to the profession as a grocer, to remain in attendance upon a professional case. Yet I find, on the following day, the patient was attended by both the physician and druggist; so also on Sunday; nor was it until the evening of that day that a second qualified practitioner was called in. I do not question for one moment the right of any practitioner taking the sole charge of any case, however serious; but it is a very grave question for our profession, whether a physician has a right to meet and continue in attendance with a druggist for three days; such conduct is an insult upon the general practitioner. In the published evidence of this case the druggist is placed on a full level with any duly qualified practitioner of medicine; the physician meets him, day after day, in consultation; he leaves him in charge of the case, with directions for leeching, &c., as he may judge requisite. He gives his evidence like any other doctor; he has counted the pulse, forsooth! and noted its bearings, and gives his medical opinion "*ore rotundo*," side by side with two physicians and a surgeon. Gentlemen, if such things as these are to be, vain is all the talk about the honour of our profession—vain are our endeavours for procuring a proper medical reform, especially at the time when strenuous efforts are being made to put down the encroachments of druggists upon our rights; vain and empty will the professions of the Provincial Medical and Surgical Association be deemed by the general practitioners, if members of the Association can thus treat their brother practitioners with insult. I would fain hope that this transaction may yet admit of explanation, or that measures will be taken by the council of the Association, condemnatory of such conduct in one of their own body. One chief purpose of the Association was to uphold the honour, dignity, and unanimity of the profession; it numbers in its list of members many hundreds of general practitioners, who, like myself, look up to it as a safeguard to the respectability of our profession. But far different will be the feeling, if physicians, its members, openly insult us by putting the druggist upon a level—nay, give him a preference over the duly qualified practitioner. The matter loudly calls for explanation from Dr. Watson.

I am, Gentlemen,

Your obedient servant,

A MEMBER OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

Feb. 22, 1842.

## ROYAL COLLEGE OF SURGEONS IN LONDON.

List of Gentlemen admitted Members on Friday, February 25, 1842.

Charles Smith, Edmund Henry Peters, Horatio Girdlestone, Joseph Schofield, Henry Norton Shaw, Thomas Patrick Matthew, Richard Tilston, Edward Turner.

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## COURSE OF CLINICAL LECTURES

ON

## SURGICAL DISEASES,

DELIVERED AT THE HOSPITAL OF LA CHARITE',

By Professor VELPEAU.

### Lecture XV.

#### FISTULA IN ANO.

GENTLEMEN,—We have now in the wards several patients affected with fistula in ano; I shall, therefore, seize this opportunity of directing your attention to fistula, and particularly to an operation for its relief which I have been much in the habit of employing within the last few years. On the present occasion I shall confine myself to that species of fistula which depends on disease of the lower portion of the rectum; for you know that there are several other forms of the complaint connected either with disease of the bones or some deep-seated lesion of the pelvis, abdomen, or genito-urinary organs. Fistulae, depending, as I have said, on some disease of the lower part of the rectum, have been divided by authors into three species—first, complete fistula; second, external blind fistula; and third, internal blind fistula.

The existence of the two latter species has been denied, but the first is recognised by all surgical authorities. Foubert, Sabatier, and Larrey, do not admit the existence of blind external fistula; they say that a communication with the rectum always exists, and that if it be not always found, it is because the surgeon has not sought for it with sufficient care. But to these observations we might reply, that it is easy enough to find an internal orifice when the surgeon makes one for himself with the end of his probe.

Experience has long since proved that the presence of foetid abscess, situate in the neighbourhood of the anus, does not necessarily infer perforation of the rectum. The odour of the matter discharged from these abscesses is decidedly fecal, and its colour a deep brown; but these circumstances are not sufficient to prove that the abscess communicates with the rectum. When a collection of matter remains for any length of time in the neighbourhood of the gut, it acquires a very strong fecal smell, simply from imbibition. We have examples of subcutaneous fistula in the groin, axilla, neck, and several other parts of the body; and I cannot conceive why they should not equally exist in the neighbourhood of the anus. M. Roux calls this species of fistula by the name of fistulous ulcer; the change of name signifies little; the main point to be considered is, that blind external fistula requires nearly the same mode of treatment as complete fistula in ano.

Many authors also reject internal blind fistula. It is, in fact, difficult to admit the existence of an abscess  
No. 76.

communicating with the rectum alone, and not extending to the cutaneous surface; still such abscesses do exist, and I have seen many of them. Blind internal fistula may continue for months together before the matter makes its way to the skin. This very day a patient was discharged from the hospital, who had been affected with a fluctuating tumour near the edge of the anus, which emptied itself into the rectum on pressure being made. The tumour had existed for a considerable time, and caused but little inconvenience; his attention was chiefly directed to a painful fissure of the anus. I excised the fissure, converted the blind fistula into a complete one by an incision, and then treated the latter in the usual way; the patient was soon cured.

Complete fistula in ano is often multiple—that is to say, we find one on each side of the anus. In other cases we have several external openings, which terminate by a single communication with the rectum—these are called watering-pot fistulae. On the other hand, the internal opening may be multiple, but this is much more rare. The direction of the fistulous canal is various; sometimes the external orifice is placed on the right side of the anus, and the internal one on the left side of the rectum; or it may pass from the anterior margin of the anus to the posterior wall of the gut. Instead of a sinuous canal, we sometimes find, between the external and internal orifices, a number of extensive caverns, which may pass to the ischium, coccyx, sacrum, or sides of the pelvis; in these cases the rectum is extensively detached from its surrounding tissues, and appears to be suspended in the middle of an enormous abscess.

Modern surgeons have bestowed much pains in endeavouring to ascertain the precise seat of the internal opening. Desault and his pupils, Boyer and Roux, held that the fistula might open either very close to the anus, or very high up in the rectum. MM. Ribes and Larrey, on the other hand, uphold that this orifice is generally found close above the external sphincter. Being desirous of throwing some light on this disputed point, I examined, in the year 1833, thirty-five cases of fistula in ano, in the dead and living subject. In four cases the internal orifice was seated a little above the external sphincter; in a fifth, the opening was at more than three inches above the sphincter, and could be scarcely reached by the finger. All the other fistulae opened close above the margin of the anus, at a distance of five, six, ten, or twelve lines. Since the period just alluded to, I have collected more than one hundred observations which lead to the same results; hence we may conclude that in some cases the fistulous orifice exists at the margin of the anus; that in a great majority of cases it is found between the two sphincters, and that sometimes it opens at some distance higher up.

We can easily explain why many surgeons have not

sought the internal orifice of the fistula close to the anus: in many cases the mucous membrane of the gut is detached to a considerable distance, and the probe passes up two or three inches beyond the orifice which exists close to the sphincter.

The existence of fistula in ano, Gentlemen, is readily determined. Whether the fistula be complete or blind, if it open externally, we find an abscess near the margin of the anus; the seat of this abscess is commonly indicated by a small eminence, but in some cases it is concealed in a species of deep lacuna; on making pressure here we cause the discharge of purulent matter, which also comes away spontaneously, and stains the patient's linen. This occurs in complete and in blind external fistulae. The pus may exhale a very strong fecal odour. I have already alluded to this circumstance, and shown that it does not necessarily imply perforation of the rectum; neither does the expulsion of gas from the external orifice.

When, however, fecal matter, or any of the contents of the rectum, escape through the external opening, we may be almost certain that it communicates with the gut. The diagnosis is completed by the assistance of the probe. The patient being placed as if he were about to have an enema administered to him, the surgeon passes the left index finger into the anus, in order to discover the internal orifice; the latter is easily found, if large; or its presence is indicated by a small puckering of the mucous membrane, or by the pain which the patient feels when it is touched.

A fine, flexible, blunt-pointed probe is now passed into the external orifice, and directed towards the rectum; if the internal opening have been already discovered, the probe soon reaches the finger which covers it. When the internal orifice has not been found, the surgeon must pass the probe gently along the fistulous tract, towards the interval between the two sphincters, following its movements with the finger in the rectum; every part of the fistulous canal must be thus explored, until the probe falls on the inner orifice. But it does not follow that the fistula is incomplete because we are unable to find its internal opening; the passage of the instrument into the rectum may be prevented by various circumstances. In some cases the presence of the left index finger in the rectum is more an obstacle than an assistance to us; it should then be withdrawn. Force should never be used; if you fail one day, defer your examination to another; in the mean time you may inject tepid water into the fistula; some surgeons recommend us to colour the water with any mild substance, as tincture of turmeric, &c. You may also try the effect of dilating the fistulous canal with prepared sponge. When these different means of exploration fail, we are forced to regard the disease as an example of blind external fistula.

Blind internal fistula is recognised by the following symptoms:—The patient first experiences severe pain, or exhibits the signs of deep phlegmonous abscess, and then a discharge of pus takes place from the anus. The feces are also tinged, more or less, with purulent matter, and the linen stained by it. In some cases the rectum ulcerates in the first instance, and the abscess near the margin of the anus is secondary. Here the symptoms progress much more slowly. On passing the finger into the anus, we find the same signs as in cases of complete fistula; externally there is a painful, hard point near the margin of the anus, or a reddish, dark spot, with or without thinning of the skin. If we make pressure over this point, the tumour is emptied, and the pus discharged through the anus.

Urinary fistula, seated near the margin of the anus, may be readily distinguished from fistula in ano. The orifice of the former is marked by a hard, reddish tubercle, which commonly masks the opening, and a

hardened chord extends from it towards the urethra or bladder. Besides, the fluid discharged has the characteristic odour of urine, and the probe, when introduced, never passes into the rectum.

Fistula in ano, Gentlemen, is not of itself a dangerous disease. Blind fistula will sometimes get well without the assistance of art; even complete fistula occasionally heals of its own accord. I have seen several cases of this kind; one in the person of an old hospital attendant at Tours, another in a female whom I had sent to the country for change of air; previous to her departure a probe could be passed readily into the rectum; she did nothing for her complaint, and came back in two months perfectly well; the disease never returned. M. Ribes has published two highly interesting cases of the spontaneous cure of anal fistula. We must, however, confess that such cases are rare, and that, as a general rule, the only hope of a permanent cure depends on the proper application of the resources of our art.

Some cases of fistula in ano are incurable, and any attempt at operation would be worse than useless. When the fistulous canals, however numerous they may be, depend on a local cause, and do not extend upwards beyond the pelvic fascia, then they admit of cure. But when the fistula is of very old standing, when the sinuses extend to the coccyx or sacrum, when the glutæi muscles are denuded, and the parietes of the rectum exposed beyond the reach of the finger, we can expect little benefit from any operation whatever. We must be content with palliative measures. The fistula in ano which occurs in consumptive patients is of this kind; when divided by the knife, the wound rarely heals, and the secretion of matter continues.

In speaking, Gentlemen, of the treatment of fistula in ano, I shall not describe to you the various means that have been employed against this disease, but confine myself to excision and incision, the two operations now almost exclusively adopted. I shall, therefore, pass over in silence the lotions, ointments, and balsams employed by ancient surgeons; the caustics, mentioned by Hippocrates and his followers; the ligature, employed from the time of Hippocrates to that of Desault. I must, however, devote a few words to a recent mode of treatment, which has been denominated eccentric pressure. According to this method, pressure is exercised so as to close the internal orifice of the fistula, with the view of curing the disease. Some surgeons employ a canula, and plug the rectum between the external side of the instrument and the mucous membrane, leaving the canula free for the passage of fecal matter; others use a hollow cylinder of ebony or Indian rubber; but experience has not sufficiently determined the value of this ingenious idea.

The best method, then, is the use of the knife, and we may have recourse either to excision or incision. The latter is a very old operation; it was performed in the times of Hippocrates and Galen. Leonidas invented an instrument, which was revived by Felix de Bass, and subsequently adopted by M. Larrey; this was the bistoury, ending in a long, flexible, blunt probe; the latter was passed through the internal orifice, brought out through the anus, and the parts divided with a single stroke of the knife. More recently a ligature was passed in, instead of the probe, but this merely rendered the process more complicated. Marchetis introduced a kind of metal gorget into the anus, for the purpose of receiving the end of the probe and the point of the knife; Percy made the gorget of wood. Various modifications of the different methods and instruments have been made, until a regular arsenal of weapons has accumulated; still the surgeon may content himself with the gorget, the conductor, the straight bistoury, or the probe bistoury of M. Larrey.

The operation for fistula in ano, by simple incision, is performed in the following manner:—If the state



of the patient will admit, the bowels are cleared by some laxative medicine on the evening which precedes the operation. The patient reclines on either side, according as the fistula is seated, to the right or left of the anus; if in front or behind, he lies on the belly, the legs being supported and separated by assistants. The instruments required are those already noticed, together with straight and curved scissors, some needles, the cautery, ligatures, a long pledget, a *porte-meche*, various compresses, and a T bandage. The surgeon begins by ascertaining the seat of both orifices. The external one is easily found; the internal opening not so readily. I have already noticed the way in which you are to proceed for the discovery of the latter. In some cases the mucous membrane of the gut is extensively detached, the probe passes up a considerable way along it, and all the efforts of the surgeon fail to detect the internal orifice of the fistula. M. Roux thinks that we should not hesitate to operate in cases of this kind; and I am of the same opinion, particularly if the fistula date from some months, and the intestine be extensively denuded. I must confess, however, that I have seen the operation fail under these circumstances. When, on the other hand, the operator has found the internal opening, he passes a silver director into the rectum, and with its aid brings the extremity of the probe out through the anus; this done, he divides all the parts comprised between the two orifices, and terminates the operation. When more than one fistulous passage exists, the rest are to be divided, one after the other, in a similar way; the different wounds thus made are carefully examined with the finger, and if any valvular bands exist in the interior of the sinuses, they are likewise divided with a probe-pointed bistoury. During this operation, as well as during excision, an abundant hæmorrhage may ensue; if the artery can be seen, it must be secured with a ligature, or twisted; if not, the finger must be passed over the surface of the wound, and should it fall by chance on the bleeding point, compresses, &c., are to be applied here. Should the hæmorrhage continue, the whole surface of the wound must be plugged; and if this fail, we must have recourse either to the actual cautery, or to the instruments invented by Levret, Desault, &c.

When the fistula communicates with the anterior wall of the rectum, you must be very careful lest you wound the bladder, prostate, or peritoneum. If it open high up in the gut, the operation is still more dangerous and difficult. There is, indeed, little fear of wounding the serous membrane, as some writers pretend; but when the incision is made very high up, it may compromise the ischio-rectal or pelvic fascia, and give rise to dangerous infiltration of pus.

The operation by excision consists in cutting away the external part of the fistulous sinuses. This may be done in various ways, but the method generally adopted is that of Boyer, who first made an incision after the manner just noticed, and then removed, with the forceps and knife, all the portions of skin which are detached. This method possesses the advantage of rendering the cure much more certain, and should be employed whenever the skin is much detached, hardened, or thinned. I have operated this year, on several occasions, by excision, and you may have observed that the process was neither very painful nor tedious; within the last month, for example, three patients underwent this operation; one was discharged cured in twelve days, another in fifteen, and the last will be quite well in about three weeks.

After the performance of the operation, the dressing consists in the introduction of a long pledget of lint into the anus; a portion of this pledget must pass between the lips of the wound. The margin of the anus is then covered with large pads of lint, and the whole supported by a T bandage. The mode of dressing the wound is a point of the utmost import-

ance in the treatment of this disease. Nearly all the French surgeons insist on the necessity of keeping a pledget of lint between the edges of the wound, so as to make it fill up from the bottom. Pouteau, on the contrary, would have us treat the wound as a simple one, and this practice seems to be generally adopted in England. Experience, however, proves the necessity of keeping a moderately sized pledget between the lips of the wound during the first twelve or fifteen days. The size of the pledget may then be gradually diminished, until the wound is completely filled up, and on the point of healing. In some cases the fistula is complicated with stercoral abscess, and we have to determine whether we shall divide both at the same time, or open the stercoral abscess first and operate afterwards. The latter mode of practice is preferable; first, because the introduction of the finger, or *gorget*, would give too much pain; second, because, as we are unable to say where the abscess precisely opens or how far the parts may be detached, a second operation would, in all probability, be required; third, because, in many cases, the stercoral abscess heals up, when opened, without any other interference.

We now come to blind internal fistula. This must be converted into a complete fistula. Some writers advise us to pass up a plug to the internal orifice, and, by making pressure there, force the pus downwards towards the perineum; others employ flexible instruments for the same purpose; but when we are sure of the seat of the internal orifice, it is unnecessary to have recourse to these means. A straight bistoury, having its point guarded by a piece of wax, is passed upwards, along the finger, to the orifice, and divides the wall of the rectum from above downwards, and from within outwards. Blind internal fistula, however, is of rare occurrence, and this happens—first, because they are very soon converted into complete fistulae, or second, because, when the opening is small, it quickly heals up.

When there are several external openings, the best practice is to lay open all the sinuses, one after the other, and on the same day; the wounds heal more quickly, and the cure is attained just as certainly as when several distinct operations are performed. In the female subject this disease presents a few peculiarities, depending on the structure of the parts, which should be noticed. The ischio-rectal space is shallower, and the perineal fascia less regular; hence the fistulous abscess frequently opens, in the female, near the root of the labia, or the posterior angle of the vulva. Besides, the inferior fascia being, as it were, confounded with the superficial one, the abscess of the labia has a tendency to extend in front of the anus, and form there an external blind fistula, which requires to be freely laid open. In 1833 I operated on a young woman who had an affection of this kind for eight years. You should remember, however, that in the female the outlet of the pelvis is shallower than in the male, and that the anus is nearly level with the ischia; hence, fistula in the female is generally low down, and more easily divided, but the peritoneum and pelvic fascia run more risk of being divided. Finally, you must bear in mind the presence of the vagina, and not convert a rectal fistula into a recto-vaginal one.

## NOTES FROM CLINICAL LECTURES,

DELIVERED IN

ST. GEORGE'S HOSPITAL.

By Dr. SEYMOUR.

PECULIAR AFFECTION OF THE HEART.

There is a patient who was admitted, some short time since, with a very peculiar affection of the heart. She complains of pain and severe palpitation, but she

has no cough, and her general state of health appears to be very good. On closely examining into the beat of the pulse at the wrist, I cannot detect that it is either small or weak; and the impression it gave to me was, that there seemed no blood in it. Such an affection of the heart as this is very rare, and I only remember to have seen one or two cases of it; yet, very strange to say, there is another case just like this in a boy in one of the wards upstairs. In each of these cases the symptoms are precisely alike, and there is no proportionate power whatever between the impulsive action of the heart in the chest and the beat of the artery at the wrist. In the former cases of a similar nature which I have seen, I was induced to consider this affection as arising from over exertion; and in these cases now in the house, the same cause appears to have been in operation in producing the affection. The girl, of whose case I first spoke, has been a nursery servant, and has been, I suppose, accustomed to carry about a heavy child, and the heart has been thus, I may say, overstrained. The boy has been working on board of some of the colliers, and has lifted heavy sacks of coals, and the same over straining of the heart has resulted. In both of these cases the heart appears too weak to empty itself of the blood which its cavities contain; and such may, doubtless, be the case when we refer to the very feeble arterial impulse at the wrist. Believing that there might be some inflammation of the internal structures of the heart, I ordered the woman to have a blister placed over the sternum, and to take some calomel and opium; and, under this simple treatment, the pulse at the wrist has much improved in tone and volume. I shall, I dare say, have occasion to draw your attention to these cases at a future time; they are very interesting, and well deserving of your attention.

#### INFANTILE REMITTENT FEVER.

This was formerly known by the title of worm fever, but this term has been nearly exploded from the scientific phraseology of medicine, since the peculiar inquiries which French physicians have made into the affections of the mucous membrane of the alimentary canal. This disease has been supposed to consist of a subacute inflammation of the bowels, but it has no relation whatever to this peculiar gastro-enteric affection. This infantile disease, denominated more properly remittent fever, is very commonly met with amongst the upper and lower classes of society, and arises in each of these from very opposite causes, but each tending to the same results. In the upper classes the children, when brought home from school at Christmas, are generally allowed their own way with respect to the quantity of food they shall eat; they make a hearty breakfast in the morning, and dine about the middle of the day, having frequently another dinner at a later period; to this succeeds tea, and perhaps in some cases supper.

Now, with all this quantity of food, and owing to the state of the weather, no opportunity of taking any out-door exercise or inhaling any fresh air, it is not to be wondered at that the bowels become loaded with unhealthy secretions, and fever is set up as the result of this. In the lower classes, where air and exercise are most abundant, but where food is for the most part of a poor, scanty, and unwholesome nature, the children are fortunate if they get any food at all; they are content to have what is termed the "run of the house;" and if their parents can get bacon and potatoes, they get the same. But, after a time, the want of an adequate nutrition displays itself in a loaded and confined state of the bowels; there is a total loss of appetite, with great sluggishness and fever; the sleep is heavy, restless, and disturbed; the urine is scanty in quantity, and of a yellow colour, and looks like thick orange juice. Well, perhaps, when you are called in, you detect all these symptoms as being

present in a greater or less degree, and you are told that the child has had some physis, and that the bowels are open. On examining the alvine secretions, you find them, perhaps, of a dirty watery character. Now, if you meet with such a state of things as this in a child of seven or eight years of age, you will find it necessary to give several large doses of calomel before the bowels will show any disposition to unload themselves properly, and this you must follow up with active purgation for some time before the child will be much improved. Now, this disease arises either from bad food in itself, or from an over-supply of good food; whereby the bowels become loaded, and vitiated secretions line the whole of the alimentary canal, and become absorbed into the general mass of circulating fluids. Dr. Butter wrote on this disease, and it was from him that it received the name of worm fever, and in his work he promulgated the fanciful and absurd theory that worms were sent to suck up the depraved and faulty secretions arising in this disease, and that they were, therefore, to be looked upon as a benefit sent by Providence to mankind, and not as an evil. But suppose a state of things such as I have described to you be allowed to go on unchecked, you will find that these foul secretions which line the alimentary canal will in time become absorbed into the system; the little patient gradually gets worse; he takes no food, and becomes weaker every day; sleep and delirium will now be found to coexist together; and a severe febrile paroxysm ushers in the scanty and disturbed repose of each night; the abdomen becomes hard and swollen; the urine scanty and high-coloured; and eventually the early symptoms of effusion into the brain manifest themselves.

In treating this disease, the old physicians used to purge their patients to a very great extent; but these strong medicines will not bring away much feculent matter till after some considerable time has elapsed. The recovery of such cases is always long and tedious. I have seen many little patients whose bowels required to be continually stimulated, the intestines being filled with foul air and fouler secretions. I have been obliged to give repeated strong doses of calomel, followed up by brisk purgatives, and these means should be combined with a diet carefully regulated. In the case which we have had upstairs I gave rhubarb and calomel, and when the bowels had been well freed I gave canella, cascarrilla, and soda, with animal broths and milk for diet, and such things as could be healthily absorbed, and form healthy secretions. There has been another case of remittent fever in the house, in which, from a predominance of acidity in the bowels, there was frequent alvine evacuations of a foul and unwholesome character. This was treated with the hydrargyrum cum creta, and the pulv. ipecac. comp. with castor oil and rhubarb, to remove the diseased secretions, and beef-tea for diet.

#### FIVE CASES

OF

#### STONE IN THE BLADDER,

TREATED

#### BY LITHOTRITY.

By T. P. TEALE,

Surgeon to the Leeds General Infirmary.

Much uncertainty prevails in the minds of surgeons respecting the therapeutic value of lithotripsy. That this operation has, in many instances, been advantageously employed, there can be no doubt; and it is equally true that it has sometimes greatly aggravated the sufferings of the patient. From the extreme paucity of recorded cases of lithotripsy, since the operation by drilling was superseded by the more simple process now adopted, it is, perhaps, impossible at pre-



sent to lay down positive rules for guiding the practice of the surgeon as to the adoption or rejection of lithotry in any particular case; but our uncertainty in this respect might soon be remedied, if those surgeons who have practised lithotry would place on record all their cases.

In order to supply a small share of information on this subject, I propose to relate five cases of stone in the bladder which have been treated by lithotry. My object will be simply to relate the facts, without attempting to generalise from too limited a number of observations. It must, however, be stated that, after the painful experience furnished by the fifth case, I should be unwilling again to adopt lithotry when the stone is of so large a size, however readily it might admit of being seized, and however free from morbid irritability the bladder might be.

When the drilling and percussing processes were adopted for the disintegration of the stone, I did not consider that the operation had attained that degree of simplicity which would justify its general adoption; and it was not until the introduction of Mr. Weiss's screw-lithotrite that I determined upon practising lithotry in such cases of stone in the bladder as should appear favourable for this operation. Since that time I have had occasion to operate twelve times for vesical calculus. On seven of these occasions lithotry was deemed inadmissible; in five, from small size of the urethra, the subjects being children; in one, from chronic stricture and irritable bladder; and in another, from large size of the stone. These cases were treated by lithotomy. Six of the operations were successful; the seventh proved fatal on the twenty-first day. The subject of this case was a man aged 40, from whom a lithic acid calculus, weighing nearly three ounces, was extracted without difficulty, or any unfavourable occurrence, in two minutes and a half. He appeared perfectly well for a few days, after which he was seized with pneumonia; the wound became sloughy; erysipelatos inflammation spread over the perineum and nates, which became extensively excoriated. Under these affections he gradually sunk. A post-mortem examination was not allowed.

In these operations the straight staff and knife of Mr. Key were employed; and it affords me great pleasure to bear testimony to the value of this gentleman's proposal of effecting the section of the prostate on a straight director, whereby the difficulty and danger of lithotomy are greatly mitigated. The section of the prostate in all the cases was of very limited extent, being merely sufficient to allow the introduction of the forefinger, the opening being afterwards dilated by the finger in children, and by the blunt gorget in adults. A gum-elastic tube was introduced into the bladder, and allowed to remain for a period varying from eight to forty-eight hours.

Of the five cases treated by lithotry, four were perfectly successful. One of these patients, after enjoying case and health for upwards of a year, again felt symptoms of stone, when a small concretion was detected by the sound, and was removed by lithotry at two sittings. The fifth case was for a short time apparently cured; but the symptoms of stone soon recurred in a most aggravated form, and lithotomy was performed under very unfavourable circumstances.

**CASE I.—Lithotry—Five Sittings—Cure.**—John Ruttar, of Howgill, near Gisburn, husbandman, aged 56, of temperate habits and healthy aspect, was admitted into the Leeds Infirmary, November 16, 1836, on account of stone in the bladder.

He has always enjoyed good health, with the exception of his urinary complaints. About nine years ago he first felt some uneasiness in voiding the urine, which was high coloured, and deposited a red sediment. This condition of the urine continued until within a recent period. About six weeks ago he

experienced a severe attack of pain in one of the kidneys, extending down the ureter, which was followed by pain in the bladder, especially after micturition, and occasionally by the appearance of blood in the urine. When admitted into the hospital, a stone of moderate size was detected by sounding. The prostate was healthy, and the bladder not particularly irritable.

Nov. 22. The patient being placed on Heurteloup's bed, and the bladder injected with eight ounces of tepid water, a stone, measuring five and a half lines, was readily seized, and crushed once by Weiss's screw-lithotrite. Very slight pain was experienced during the operation, after which the patient was sent to bed, and placed on low diet.

23. He had a slight rigor during the night, which was followed by thirst, and some heat of the skin; pulse, 100; tenderness on pressing the pubic region. Several small fragments of calculus have been voided along with the urine. Six leeches to be applied above the pubes, and frequent hot fomentations.

24. Pulse, 90, soft; skin cool; pain relieved.

29. Portions of stone have been discharged daily since the operation.

Dec. 10. Lithotry repeated; the stone was seized and crushed three or four times.

20. Lithotry repeated.

29. Lithotry repeated, with the screw-scoop, which was introduced three times, and withdrawn each time loaded with calculous matter.

31. The screw-scoop was again introduced twice, and several small fragments were crushed and extracted.

Jan. 10. After each of the four last operations, fragments of stone were discharged with the urine for a few days. They were scarcely attended with any pain, and were not followed by any symptoms of irritation. During the last four days he has been free from all symptoms of stone, and, on sounding, no portions of calculus can be detected in the bladder.

He left the hospital a few days afterwards in perfect health.

In a letter dated January 4, 1841, he states that he has enjoyed excellent health since leaving the infirmary, and that he had been able uninterruptedly to attend to his laborious occupation.

According to the analysis of Mr. West, lecturer on chemistry in the Leeds School of Medicine, some of the fragments consisted of lithic acid, and others of the mixed phosphates.

**CASE II.—Lithotry—Three Sittings—Cure.**—George Rushforth, of Bughouse, aged 30, was admitted into the infirmary May 23, 1839, with stone in the bladder. The urethra was capacious; bladder and prostate healthy. No symptoms of irritation followed the operation of sounding, and the stone was evidently of small size.

June 1. The stone was readily seized and crushed by the screw-lithotrite. The pain attending the operation was very slight, but it was followed by feverishness, and inflammation in one testicle, on which account the repetition of the operation was postponed several days. Numerous small fragments were discharged for a few days after the operation.

Lithotry was repeated with the screw-scoop on the 18th and 22nd of July, without any unpleasant consequences.

July 26. Since the last operation he has been free from symptoms of stone, and no calculus can now be detected on sounding.

He left the hospital a few days afterwards perfectly relieved.

In a letter dated December 28, 1840, he states "that he is in perfect health, and has not had any return of the symptoms of his late troublesome malady."

The stone consisted of lithic acid, with slight inter-

mixture of phosphate and carbonate of lime (Mr. West).

**CASE III.—Lithotriety—Female—Three Sitzings—Cure.**—Oct. 29, 1839, Hannah Squires, of Bramley, near Leeds, was admitted into the infirmary with stone in the bladder. On her admission the bladder was extremely irritable, and the urine deposited an abundance of muco-purulent matter. On the 12th of December, the morbid condition of the bladder was so far relieved as to allow of lithotriety being performed, which was repeated on the 21st of December and on the 7th of January, after which she returned home quite well. In January, 1841, she was in good health, and had not experienced any return of the complaint.

This case is recorded more fully in the "Provincial Medical and Surgical Journal," for December, 1840.

**CASE IV.—Lithotriety—Six Sitzings—Cure.—After Twelve Months a Second Occurrence of Stone—Lithotriety—Two Sitzings—Cure.**—William Harwood, of Holbeck, aged 63, was admitted into the infirmary, Oct. 9, 1840, having suffered from symptoms of stone in the bladder about three years. His general health was good, and his bladder and prostate healthy.

Lithotriety was performed on the 12th of October. The stone measured seven lines. He suffered very little pain from the operation, but on the 16th the urine deposited a considerable quantity of viscid transparent mucus. Several portions of calculus had been discharged. Under the use of oil of cubebs the mucus gradually disappeared.

The operation was repeated on the 7th and 25th of November, and on the 5th, 19th, and 26th of December; but in none of these instances was it followed by catarrh of the bladder, nor any other inconvenience. The symptoms being now relieved, and the sound failing to detect the presence of the stone, he left the hospital in perfect health.

Some of the fragments of stone consisted of lithic acid, and others of phosphate of lime.

After remaining perfectly well upwards of twelve months, he again experienced pain after passing the urine, and was re-admitted into the infirmary, when a small stone was detected by sounding. On the 24th of February, 1842, the screw-scoop was introduced, and a stone, measuring three lines, was seized and crushed. Between the blades of the scoop was brought away a fragment of stone, which was evidently the rounded extremity of the concretion, and consisted of very compact lithic acid. On the 28th, three or four fragments, the largest of which measured five lines, were crushed. During the two following days numerous comminuted portions were discharged. He did not suffer any inconvenience from either of these operations, but continued to walk about the wards as usual. On the 3rd of March he stated that he was quite free from the symptoms of stone. He was placed on Hearteloup's bed, and the bladder, being injected, was sounded by the three surgeons of the infirmary, but no fragment of stone could be detected. The patient, however, was ordered to remain in the hospital a few days longer, that the bladder might be again examined.

**CASE V.—Lithotriety—Eight Sitzings—Apparent Cure—Speedy Relapse—Lithotomy.**—Nov. 27, 1840. In conjunction with Mr. Bailey I visited Mr. J. M., of Upleatham, in the North Riding of Yorkshire, aged 72, a fine, healthy-looking man, of tranquil and somewhat phlegmatic temperament, who had been afflicted with stone in the bladder about three years. Of late his sufferings have been extreme; the slightest exercise in walking or riding is followed by a bloody state of the urine, and he is quite unable to bear the motion of a carriage. He has hitherto borne the operation of sounding without inconvenience. The prostate is somewhat enlarged, but not tender on pressure; the urethra capacious. Being unable to perform a journey of seventy miles to Leeds, he was particularly

urgent that some means should be attempted for his relief at his own home.

Having injected the bladder with six ounces of tepid water, which it readily received, I introduced the lithotrite; and found that, although the prostate was large, it did not constitute any impediment to the seizure of the stone, which measured an inch and a half by the scale. The screw was then put in action, and the stone crushed. This process was repeated four or five times. He suffered so little that he thought it was only the sounding that had been performed, and that some process more painful was to follow.

By a letter from Mr. Bailey a few days afterwards, I was informed that our patient passed a good night after the operation, but that on the following day he had a smart rigor, and felt some uneasiness from the passage of fragments of stone. An opiate procured him an excellent night, and on the next day he was comfortable and free from fever; pulse 75; tongue moist and clean. He continued to pass numerous fragments of stone for several days. The urine was clear and free from mucus.

Dec. 15. I again visited him, and found that during the last four or five days he had felt some pain in the bladder, accompanied by a severe sense of bearing down at the rectum. The urine had deposited about two ounces of viscid mucus daily. Tongue clean and moist; pulse 75. On attempting to inject the bladder, the passage of the fluid was resisted much more than on the former occasion, and the distension of the bladder was attended with more pain. The passage of the catheter through the prostate gave considerable uneasiness. On examination by the rectum the prostate was found to be tender on pressure. Under these circumstances the operation of lithotriety was postponed, and the following treatment prescribed:—

Six leeches to the anus every second day; fomentations to the pubic and perineal regions morning and evening. A draught, containing oil of cubebs and liquor potassæ, to be taken three times daily; diluents.

Dec. 31. Finding him perfectly relieved by this treatment, I repeated lithotriety with very little pain or inconvenience. A large quantity of detritus followed this operation, and in a few days the relief of his old symptoms was so great that he walked about his farm with considerable comfort, and could take moderate exercise without the urine becoming bloody.

On the 14th of January he felt so much easier that he undertook the journey to Leeds by chaise and railway, and performed it without any material inconvenience, and without the urine exhibiting any appearance of blood.

Lithotriety was repeated on the 19th and 26th of January, and on the 2nd and 7th of February.

On the 11th of February he was seized with influenza, then epidemic, on which account the operation was postponed until the 20th, and was repeated on the 26th.

Two days after the last operation he felt quite free from the symptoms of stone, and at several subsequent soundings none could be detected. Being extremely anxious to return home, he left Leeds on the 5th of March, feeling perfectly well.

The fragments of stone in this case were of the colour of box-wood, and consisted of lithic acid with a slight intermixture of the phosphates.

His journey was performed with perfect comfort, and for about a week he took exercise freely on horseback, and was greatly delighted with the relief he had obtained. Unfortunately, however, the respite was but of short duration. At the middle of March he began to have pain in the bladder at nights, was obliged to rise frequently to pass urine, and felt pain at the end of the penis after micturition. The urine also deposited mucus.

On the 15th of April he returned to Leeds. The bladder at that time was extremely irritable; the urine deposited abundance of muco-purulent matter,



was loaded with the phosphates, and occasionally tinged with blood. The presence of calculi was readily detected by the sound. The bladder would scarcely bear the injection of half an ounce of fluid.

Leeches were applied to the perineum at intervals of two or three days. The bladder was injected daily with tepid water containing morphia; and he took the decoction of Pareira.

May 13. The irritability of the bladder being considerably diminished, Weiss's screw-scoop was introduced; portions of calculus were seized and crushed three or four times, and the instrument was withdrawn loaded with soft fragments of a white colour, consisting of the mixed phosphates. During several following days, portions of calculous matter were discharged.

The operation was repeated on the 31st of May and on the 7th and 25th of January. On the two latter occasions, I had the co-operation of my colleague, Mr. Smith. During the intervals of these operations, leeches, sedatives, and diluents were employed. Considerable quantities of the white soft calculous matter were discharged. The bladder, however, became more irritable, and it was deemed inadvisable to persevere in any further attempts at lithotomy.

He returned home much dispirited and in a state of great suffering, and on the 8th of August I went over to his residence to attempt his relief by lithotomy.

Assisted by Mr. Bailey, Mr. Bird, and Mr. Dowell, I performed the lateral operation on the 9th of August, and speedily brought away, in the first grasp of the forceps, three calculi, about the size of hazel nuts, which, on subsequent examination, were found to consist of the mixed phosphates, with a small nucleus of lithic acid, nearly pure. A fourth stone of the same character, and numerous small soft concretions of the phosphates, resembling mortar, were removed by the scoop. The bladder was freely injected with tepid water, which brought away an abundance of gritty particles. Similar particles were felt, on the introduction of the finger, adhering to the mucous membrane of the bladder, and considerable time was occupied in their removal. When no more gritty matter came away with the injection, or could be felt by the finger or the sound, a gum-elastic tube was introduced, and the patient removed to bed.

He suffered but little constitutional irritation from the operation; the wound slowly healed; the urine soon began to deposit mucous and a thick layer of the phosphates; cloths, which had been wetted with the urine, after becoming dry, were loaded with phosphates in a pulverulent state.

Nov. 15. Mr. Bailey informs me, by letter, that the phosphates have lately been discharged as distinct concretions. Some of these, which he sent me, vary in size from that of a pin's head to a grain of wheat.

It was now suggested that the bladder should be frequently injected with tepid water, slightly acidulated with nitro-muriatic acid.

Feb. 8, 1842. Mr. Bailey states that, for the first few weeks, during which the acid injection was employed, the mucous secretion diminished, the urine improved in appearance, the pain abated, the earthy concretions were frequently discharged, and the general health was good; but that, during the last month, the symptoms have been aggravated, no concretions have been discharged, and a small calculus can now be distinctly felt on introducing the catheter.

greater number had been examined, but the author prudently takes account only of those cases upon which he could place perfect reliance. The following are the principal results at which M. Trousseau has arrived; our readers may compare them with the results of Dr. Ashburner's experience, contained in an excellent little treatise "On Dentition and some Coincident Disorders:"—

#### *Period of Eruption of the First Tooth.*

The period at which the first tooth made its appearance was determined, without chance of error, in 25 infants—viz, 13 boys and 12 girls. For the *males*, two at 2 months; two at 4; two at 5; two at 6; two at 10; two at 11; one at 14 months. *Extremes*, 3 and 14 months; *mean*, 7 months.

For the *females*, one at 2 months; two at 3; one at 4; one at 5; three at 6; one at 7; two at 9; one at 14 months. *Extremes*, 2 to 14 months; *mean*, 6 months.

From these two tables, it appears that the period of eruption of the first tooth varies between 2 and 14 months, and that the *mean* period is  $6\frac{1}{2}$  months; hence, should these results be confirmed by further investigation, we shall have to modify the prevailing opinion, that the first tooth generally comes forth about the eighth month.

The first milk tooth is generally the middle lower incisor; in 28 cases, this occurred 25 times; in two, the first tooth cut was a superior middle incisor; and in one, a first molar tooth.

#### *Eruption of the Second Tooth.*

Of the 25 infants just noticed, all cut an inferior middle incisor for the second tooth. Of the remaining three, one cut two superior middle incisors; another, a lower middle incisor after the superior incisor; the third cut four molar teeth in succession, before any of the middle teeth appeared. As a general rule, then, we may say that the second tooth which is cut is a middle lower incisor. The common opinion is, that the two first teeth appear nearly at the same time, and this appears to be true; thus, of 25 infants, the interval between the eruption of the first and second tooth was, in four cases, 1 day; in two, 2; in one, 3; in three, 8; in seven, 15; in one, 30; and in one, 90 days. In six cases the author was unable to ascertain with certainty the period. Hence, the mean interval between the first two teeth is 13 days.

#### *Eruption of the other Incisors.*

After the inferior middle incisors came the superior middle. Of 18 infants, in whom the order of dentition was carefully observed for this purpose, 15 cut the teeth just mentioned, after their inferior middle incisors; one child had four lower incisors before a superior one appeared; another cut a superior lateral incisor before the middle one; and the third infant cut, alternately, an inferior middle incisor, then a superior one, then an inferior, and lastly a superior.

Generally speaking, then, the two upper middle incisors follow the two lower, but at a larger interval than is generally supposed. Thus, in 13 infants, this interval between the appearance of the lower and upper middle incisors was, in two, 8 days; three, 1 month; three, 2; one, 3; one, 4; two, 5; and one, 10 months.

The differences here indicated are too great to admit of our determining with any accuracy the period at which the two superior middle incisors appear after the inferior ones. We have now the four lower first teeth, two below and two above; for the remainder, authors tell us that the two lower lateral incisors generally follow the middle superior ones, and are succeeded by the two superior lateral incisors. Of eleven children, examined to ascertain the point, nine had the superior lateral incisors before the lower ones; one had the lower lateral incisors before the middle

#### ON THE

### FIRST DENTITION OF INFANTS.

By M. TROUSSEAU,

Physician for Diseases of Women and Children  
at the Necker Hospital.

In this memoir M. Trousseau gives an account of the phenomena of dentition in 65 infants. A much

superior; and in one case, the different incisors were cut alternately above and below. There is, generally speaking, a well marked interval of time between the cutting of the superior and inferior lateral incisors, and when the six first teeth have appeared, we have again a period of rest. The teeth which follow the four upper incisors, are not, as is generally imagined, the inferior lateral ones, but one or more molar teeth, and sometimes a canine tooth; then appear the inferior lateral incisors; we have now a fresh period of rest, and then come forth the canine teeth; another pause, and the four last molars appear between the 24th and 30th month.

To sum up, the teeth appear in the following order:—From 8 to 10 months, the two middle incisors, then a period of rest; from 8 to 15 months, the four upper incisors, then a period of rest; from 12 to 20 months, the four first molars and the two lateral incisors, followed by a period of rest; from 18 to 25 months, the four canine teeth, period of rest; finally, from 24 to 30 months, the four last molar teeth.

#### *Disorders which accompany the First Dentition.*

The disorders occasionally attending the eruption of the milk teeth are extremely various, but M. Trousseau notices only the most frequent—viz., diarrhœa, convulsions, and eruptive diseases.

*Diarrhœa.*—It is almost universally admitted, that the eruption of each tooth is preceded or accompanied by diarrhœa, and that when the bowels are not relaxed at this period, convulsions are apt to occur.

From the inquiries and observations made by M. Trousseau, respecting forty-two infants, it would appear that diarrhœa exists in a little more than two-thirds of children at the period of teething; and again, that the absence of diarrhœa is not a cause of convulsions, but that both affections generally exist together. To estimate, however, the influence of dentition on the production of diarrhœa or convulsions, it would be necessary to ascertain whether these two affections do not appear as frequently before the period of cutting the teeth as they do after it. Thirty-seven infants who had not cut any teeth, and did not present any immediate signs of teething, were examined. Ten of these were subject to diarrhœa; twenty-seven had been always free from it. Hence diarrhœa attacks only one child in four before the period of dentition, while it has been already shown that, during that period, two-thirds are affected by it; of the thirty-seven infants alluded to, only one had been subject to convulsions; of the infants who were cutting their teeth, one-sixth suffered under convulsive disorders. From this it seems evident that the process of dentition predisposes to diarrhœa and convulsions.

But the most frequent disorder to which teething children are subject, consists in a febrile condition, marked by heat of skin, agitation, and loss of sleep; the flesh, at the same time, becomes flaccid, and the complexion dull. This evidently depends on an inflammatory state of the gums, preceding and accompanying the eruption of each tooth; it continues for one to eight days, and precedes the appearance of the tooth from two to six days. This is the most frequent and least dangerous complication of dentition; it is very frequently accompanied by diarrhœa, and when the teeth appear quickly one after the other, the diarrhœa is uninterrupted, and soon reduces the little patient to a very low state.

If the diarrhœa lasts only four or five days, it produces no bad effects; but when prolonged, the mucous membrane of the intestines becomes inflamed, superficial ulcers ensue, and the child may die in a state of marasmus. In other cases, bilious vomiting comes on, copious watery stools pass away, and the patient is cut off by a species of cholera. On another occasion M. Trousseau proposes to describe the various forms of diarrhœa in teething children, and the treatment which they require. At present he wishes

chiefly to draw attention to the fact that diarrhœa, at this period, is by no means so innocent an affection as it is generally said to be; and that it should be immediately arrested whenever the child's health seems to suffer in any serious way from it.

From what has been said we are not, however, to conclude that dentition is the only cause of diarrhœa in children at this period of life. Improper food, and the habit of weaning infants too soon, are causes as frequent, and even more powerful.—*Journ. des Con. Med. Chir., No. IV.*

## CASE

OF

## DRY GANGRENE OF THE ARM.

By JONATHAN TOOGOOD, Esq.,

Senior Surgeon to the Bridgwater Infirmary.

John Silver, aged 51, a stout, muscular man, whose constitution had become much impaired by free living, and constantly driving a night-coach, to and from Exeter to this town, felt considerable pain in his left arm whilst performing the journey on a cold, rough night, in the month of February, 1813. On the following morning the hand was found to be dark coloured, cold, and shrivelled, which appearance, on further examination, extended to the elbow. He consulted an old practitioner, who recommended fomentations with mustard and horse-radish, bark, wine, and brandy. These remedies produced no good effect, and the disease proceeded until it had nearly reached the shoulder joint. At this time I saw him, and proposed amputation as the only thing to be done. It was refused, but ultimately the limb was removed immediately below the joint. The pulsation of the brachial artery was so feeble that it could scarcely be felt before the operation; and when the vessel was divided it bled very languidly, the discharge being so trifling that it seemed scarcely necessary to apply a ligature. The wound slowly, but never completely, healed, and he recovered sufficiently to enable him to go about for some months, when he died.

The progress of this disease resembled gangrenæ senilis, many examples of which I have seen affecting the lower extremity in old people; but this is the only case in which I have observed the upper extremity affected. As no post-mortem examination could be obtained, it was impossible to ascertain the condition of the blood-vessels, which would have been very desirable.

Bridgwater, Feb., 1842.

## NEW REMEDIES.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—In a late number of your excellent Journal is inserted an interesting communication from the pen of Mr. Edwards, of Bath, on the subject of a new remedial agent, named “clinkers;” and on this I feel inclined to make a few remarks, to which, if they be suitable to your pages, and will not cause you to violate any rules of editorial courtesy towards that gentleman, I shall feel obliged by your giving early notice. Nothing, I think, shows more convincingly the instability of our art, and the difficulties that beset its progress, than the perpetually vacillating views which obtain on certain known remedies, not even excepting some of daily use; and this evil, no doubt, has been greatly augmented by the reputed but insufficient investigations into their powers, which have



from time to time been promulgated to the world. To establish the reputation of any new agent, is a task of no ordinary difficulty, and requires corresponding industry and attention on the part of him who undertakes it; for not only is it to be ascertained that the medicine really does exercise decided control over diseased action, but the conditions and circumstances of its administration are often so numerous, that unless they are, and can be, carefully noted, the great probability is, the next prescriber who ventures to adopt it will be disappointed, merely because of not being acquainted with the exact conditions under which it acts with efficiency, and these latter may not have been laid down with precision by the professed discoverers; hence remedies really valuable often get into disrepute. Now, in the case of clinkers, I cannot easily believe that we have got any new and superior remedy, which will stand the test of repeated experience. I have carefully perused the cases (and these even of themselves are valuable and interesting) which Mr. Edwards brings forward to attest its efficacy, and I am ready to give the most implicit credence to all the statements; but I am not prepared to believe but that many other preparations of iron would have accomplished the same ends, through cautious administration, and if continued for the same length of time; for in this latter particular, probably, lies the secret of the great esteem in which clinkers is held by some patients, who, strange to say, and yet perhaps admitting of explanation, will often persevere more confidently in the use of a remedy suggested by neighbours and empirics, than of those prescribed by the regular faculty.

I feel warranted in making this assertion, from some experience I have had in the use of the magnetic oxide of iron, which, it cannot be denied, possesses considerable powers as a chalybeate, and which, having got into notoriety as a popular medicine, certainly effected some well-authenticated cures, that had resisted for a time the best directed treatment of experienced men; but it was quite plain that in many of these cases its use had been persevered in for a much longer time than any chalybeate preparation which the medical attendant had recommended, and hence it acquired a character for superior efficacy, which it might not merit or deserve. In these latter cases, as in those so well described by Mr. Edwards, I conceive that there were sufficient indications for the use of chalybeate medicine; that there was a chlorotic state of the blood, which, according to late inquiry, means no less, essentially, than a deficiency of iron existing in its constitution; and under such circumstances I should feel no surprise at the cure being effected by almost anything into which iron enters as a large and constituent portion, as it certainly does in clinkers, provided the conjoined materials be sufficiently innocuous and harmless to the coats of the stomach. I by no means deny that clinkers possesses great virtues; but I do doubt considerably that it offers anything superior, as a preparation of iron, for the cases above described. It is probable—nay, certain—that the primary action of iron upon the stomach varies with the dose, form, and preparation; but there are many grounds for believing that the secondary action of all chalybeates is alike upon the blood. Therefore, unless subsequent experience should find that clinkers possesses virtues peculiar to itself, I should be no advocate for assigning it a place among the preparations of iron, to swell out the immense list, which is already multiplied to such an extent as to impress one with the suspicion, that imagination and theory, rather than experience and practical observation, have been engaged in its construction.

There is a novelty connected with the employment of a new medicine, which, for a time, is very captivating, but I imagine the science of medicine is not to be improved by yielding to this too prevailing appetite; and I should rather subscribe to the opinion of

that truly practical physician, and benefactor of mankind, Sydenham, who, in allusion to a subject of this nature, says, "Yet they are guilty of a fault, or at least a mistake, who work their imagination up to such a pitch as at length to suppose the chief deficiency of medicine to be a want of efficacious remedies, only procurable from chemistry; whereas, whoever considers the matter thoroughly, will find that the principal defect in the practical part of physic proceeds not from a scarcity of medicines to answer particular intentions, but from the want of knowing the intentions to be answered; for an apothecary's apprentice can tell me, in a very short time, what medicines will purge, vomit, sweat, or cool; but a man must be much conversant with practice to be able to inform me, as certainly, which is the properest time of administering any particular remedy in all the different stages of diseases, and throughout the course of the cure."

I remain, Gentlemen,

Your obedient servant,

A MEMBER OF THE PROVINCIAL MEDICAL  
AND SURGICAL ASSOCIATION.

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## PROVINCIAL MEDICAL & SURGICAL JOURNAL

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SATURDAY, MARCH 12, 1842.

We have again occasion to comment upon the continued effects of the mischievous example afforded by the poor-law commission, in its attempts at reducing the members of a liberal profession to the level of ordinary tradesmen and shopkeepers. It is not our intention to express one sentiment derogatory to persons belonging to this latter class. Their occupation is in itself as essential to the comfort and welfare of the community as that of the lawyer, the physician, the statesman, and the divine, on the one hand, or the artisan and labourer on the other. Retail trade is, however, an occupation which, whatever may be the intelligence displayed by individuals, neither requires the lengthened preliminary education nor the mental qualities indispensable in what are termed the learned professions. The quality of articles of general consumption can for the most part be readily ascertained, their weight and measure checked, and their saleable value in the market or the shop sufficiently judged of by any intelligent person. To require, therefore, that productions of this kind should be supplied by tender is reasonable and just. It is also in accordance with long-established custom, and involves nothing contrary to the ordinary practice of trade, nor offensive to the feelings of the tradesman. But the attempt to weigh intellectual qualities in the same balance, and to mete out skill and experience by the same measure, is no less absurd than offensive, and the practice, when attempted to be applied under such circumstances, can only tend to defeat the real object of a system advantageously had recourse to in ordinary trading transactions.

No fair tradesman will give in his tender to supply a genuine article at a positive loss. This is so well understood, that, whenever such an offer is made, a suspicion of fraudulent intention immediately arises, and, as the contract could not be justly fulfilled, the tender is commonly rejected for one apparently less advantageous. It is impossible to apply the same principles to estimate the value of official duties of whatever character. Industry, zeal, skill, experience, can neither be weighed nor measured, and not unfrequently, even where other circumstances, of which no cognizance can or ought to be taken, do not operate, both the deserving and the self-interested, though from different motives, are induced to offer their services at a salary which could not in itself be a remuneration of their actual services, leaving time and ability for the office sought entirely out of the question.

This is precisely what takes place every day in the filling up of the medical appointments under the poor-law authorities. Instead of endeavouring to fix a just scale of remuneration for the duties required to be performed, to define and limit the extent of those duties, so that they might be discharged advantageously for the sick poor, and to apportion the salaries accordingly, we find the travelling commissioners engaging in a conspiracy with the boards of guardians to induce or compel by every means in their power, medical practitioners to undertake these offices at what must prove a positive loss to them. We find them talking of some imaginary honour (!) and consideration attached to the office of union medical officer; but such honour as that which they have to bestow is indeed, as Falstaff says, but an empty name, and neither likely to conduce to the reputation, the comfort, or the profit of him who obtains it. It is to be sought by an obsequious canvass of a body of men generally the inferior of the candidates, both in intelligence and station; it is to be contended for under threats of preference for some young and inexperienced member of the same profession, raw from the schools. Should the resident practitioners be induced by any consideration to enter into the competition, they are by no means to place a just value upon their time, labour, and skill, nor even on the very medicaments and appliances which they are expected to furnish; whilst the portal through which this honourable station is to be attained—this honourable ambition to be indulged—is that of a public auction, where the candidate who offers to sell his services at the lowest price is pretty sure to be honoured with the appointment.

Strange it is that, while in all ordinary transactions the worth of an article is thought to bear some proportion to the price put upon it, the very reverse should here obtain; that, contrary to what is customary in all other transactions of sale or barter, the efforts of human skill and intellect should be of value precisely in an inverse ratio with the consideration in which they are held by the individual who is to make them, and the body to whom they are to be devoted. But we wrong these latter gentlemen; they are not acting for themselves, but for others, whom adverse fortune, the pressure of sickness, the want of employ-

ment, or other calamity, has reduced to destitution, and placed beneath their control. We do not find them thus acting when disease invades their own families, or attacks themselves. We hear not then of calls on the neighbouring medical practitioners for tenders, of applications to the unknown and inexperienced, or of a selection of those services which, as being estimated at the lowest price, may naturally be supposed to be of least value.

But the system of tender for medical services has been done away with. It is now discouraged by the Somerset-house board, and is no longer to be recommended and enforced by their itinerant deputies as an excellent mode of obtaining attendance, advice, and, in part also, medicine for the sick poor, at the expense of the medical profession. The order is in substance, if not in words, "Let cheap medical advice be attained if possible; but you must no longer attempt to enforce it through the medium of the tender, for fear of the ultimate consequences to the commission."

It is not, however, so easy to restrain a practice which has once been generally enforced; and boards of guardians having been instructed and encouraged in what is evil and dishonourable—we believe we may say even morally dishonest—by those in authority over them, are quite ready to carry on the same practices on their own account. We have recently seen an advertisement headed "Droxford Union," to which our attention has been directed by a Manchester associate, which shows that whatever objections to the tender may, from conviction or expediency, be now entertained at head quarters, the union boards are still disposed to retain and act upon it. The tenders are, in terms of the advertisement, required to be directed to the chairman at the union workhouse, and endorsed "medical tender," and with a notice that the guardians "*do not pledge themselves to accept the lowest tender.*" This advertisement is immediately followed by another, intimating that the guardians of the union are desirous of receiving tenders for the supply of the workhouse with bread, flour, mutton, beef, pork, &c., sundry groceries, yellow soap, soda, candles, &c., and *coffins!* The guardians here also "reserve to themselves the *right of rejecting any tender* they may think proper." Both advertisements are, in short, drawn up in nearly the same terms, and differ from each other only in that which is addressed to "medical gentlemen," being—on account of the honour of the office, we presume—printed in somewhat larger type, and in a request attached to the general tender, "that farthings may not be inserted in the tenders for the out-relief districts."

It is sufficiently obvious that unless a provision shall be introduced into the contemplated act similar to that in the Vaccination Extension Act, which shall absolutely prohibit the attempt, on the part of the guardians, to obtain tenders for medical services, this mischievous and absurd practice will continue to be kept up. It has been introduced under the recommendation of the commissioners, and enforced under their authority; and if they now see their error, and possess the inclination, which we much question, to



retrace their steps, the power to do so no longer remains with them.

There is no situation in which a medical practitioner requires more self-possession, and too commonly exhibits less of that valuable quality, than in the witness-box. When required to give evidence in a court of justice or law, it is a trite remark to say that they are by no means synonymous terms; he, for the most part, either places himself in the expectant attitude of attack, or, deceived, perhaps, by the wily manner and confidential tone of the examining counsel, drops his defensive armour altogether, and allows himself to fall into a kind of chit-chat conversation, in which the opinions which he may have formed are drawn forth precisely in that manner which is best suited to the purposes of the advocate. The medical witness, like all other witnesses, should bear in mind that he is called upon to detail the facts which he may have observed with accuracy and precision, so as to put the court and the jury in possession of those particulars, bearing upon the investigation, which have become known to him. Where he differs from an ordinary witness is, in the circumstance that his professional knowledge and experience enable him both to observe a certain class of facts more fully and correctly, and to draw opinions from facts so observed, which no man can draw with equal probability of arriving at the truth. The really essential part of his province therefore—that, without which, he must fail to convey any correct impression of the particulars upon which he is called to give evidence—consists in the researches made before he appears in court. He should be well assured of his facts, and have well considered their several relations to each other, and to the subject of inquiry; and then, if he possesses a competent knowledge of his profession, without which he is tolerably sure of being exposed to ridicule, he may go fearlessly into the witness-box, and answer without hesitation the questions which are put to him.

The most glaring fault commonly committed by a medical witness is, that he himself takes one or other side of the question, and thus makes himself a party in the cause. Perhaps it is scarcely possible altogether to avoid this bias; and, in a criminal investigation, for instance, if the medical witness have reason to conclude that the accused party is innocent of the crime laid to his charge, he should take care that his evidence should be so given as to render his opinion, in this respect, clear and intelligible. It is where he has been led to take the opposite view of the case that the chief difficulty lies. The best rule to be followed in all these cases is, to allow the evidence to be obtained by the questions of the counsel, rather than to volunteer statements which may be turned to purposes foreign to the views of the witness in making them. The examining counsel knows what he requires to put his case in the best light, and the witness should state his facts freely in reply to the questions put to him.

When, however, the examination turns upon matters

of opinion, much caution is required on the part of the medical witness. Before he ventures to give an opinion at all he should be well assured, not only that he has formed one, but that he had a right to form one, from the circumstances as they have come before him. If the facts are insufficient to allow him to come to a correct conclusion, there is no reason why he should not at once say so, since nothing tends more to throw discredit on the testimony and judgment of a witness than the expression of an opinion which, on closer examination, he may be found unable to support. To bring a medical witness into such a dilemma, is often the express aim of the counsel on either side. Attornies and medical practitioners are considered fair game; the former, because they make a profession of knowledge, with which the barristers are, or are presumed to be, familiar; the latter, because they belong to a profession rivalling in reputation for learning that of the law, but of any knowledge of which, beyond the mere superficial smattering with which he is crammed for the occasion, the barrister is for the most part utterly devoid. Every effort is, therefore, made by these ingenious triflers with the sound principles of equity, to entrap the legal witness into some legal absurdity, by which their own superior knowledge of law may become manifest, and to place the medical witness in a position which shall enable them to show their own cleverness, and parade their own *brief* acquirements to his disadvantage. The attornies and solicitors, *et id genus omne*, we leave to take care of themselves; but we are desirous that our medical brethren should not be deceived by the unworthy artifices and tricks thus too often practised upon them.

#### “THE GALWAY PRACTITIONER” AND THE LONDON COLLEGE OF MEDICINE.

In a recent number of the “PROVINCIAL JOURNAL” we published a resolution signed by all the medical practitioners of Galway. The resolution called upon us to communicate the name of a gentleman, from whom we had received information that a candidate for the office of medical attendant to the Galway union had sent in a diploma from the *London College of Medicine*, to the board of guardians, as one of his qualifications, and that this spurious document had passed off before the said board as the genuine diploma of the College of Physicians in London. Our answer to the Galway requisitionists was simple enough—If the fact alleged be totally void of foundation, you shall have the name of the author; otherwise you must excuse us if we decline to gratify an *idle* curiosity. We have received no intimation from any quarter that the assertions of the “Galway Practitioner” were unfounded; the spurious diploma, therefore, exists; but it would appear that spurious documents are not looked upon in Galway with the same disfavour as in other parts of the empire. The resolution itself was a spurious document. The signatures of seven medical men were attached to this resolution; but it now appears that the name of Dr. Moran was affixed to it by Mr. Browne, the gentleman who, it is said, has the

misfortune to possess the diploma of the London College of Medicine.

For thus attaching the name of another person to the resolution, Mr. Browne had no shadow of authority: but this is not all; of the "seven wise men" of Galway, said to compose the conclave from which the resolution emanated, only three were actually present at the meeting. The whole affair, on the part of the resolutionists, bears a very ugly complexion. So true is it, that any attempt to support that which emanates from a corrupt source only involves us in disgrace and discomfiture.

In commenting on this Galway episode, the editor of a contemporary journal, to whom is due the honour of having fabricated the spurious diploma in question, plumes himself on the gratifying results of his scheme; that any respectable men should have mistaken his worthless "kite" for a genuine document, delights him beyond measure; but the reputed holder of it is not quite so satisfied; in a letter addressed to the "Galway Vindicator" of March 2, Mr. Browne writes, "I need not say, to those who carry within their breasts the feelings of gentlemen, that I would scorn to impose upon the public such a document as the author of that letter (the 'Galway Practitioner') has charged me with."

On the other hand, Dr. Moran, in a letter published in the next number of the same journal, says, "I arraign the gentleman (Mr. Browne) before the bar of public opinion of this fact—I charge him with having given in as one of his qualifications to the board of guardians a document purporting to be the diploma of the College of Physicians of London, and which I suspect to be one of the spurious diplomas spoken of by the 'Galway Practitioner.'"

The question has now assumed a serious and definite character. The Galway resolutionists may spare themselves the trouble of writing to London for the habitation and name of an airy nothing. Dr. Moran has come forward in a manner which does him much credit with a tangible charge, and we sincerely hope that a circumstance so intimately affecting the respectability of the profession will undergo a thorough investigation.

## REVIEWS.

*Transactions of the Cornwall Medical Association, for the Year ending February, 1842.*

The Cornwall Medical Association has been recently added to the numerous lists of associated medical bodies which now pervade all parts of the United Kingdom. The existence of these numerous associations clearly proves the urgent necessity of medical reform; for it is notorious that no class of men are brought together with so much difficulty, even for the protection of their rights and the defence of their interests, as the members of the medical profession. We therefore hail, with unfeigned pleasure, the accession of the Cornwall Medical Association to our ranks, and we trust that they will persevere with energy in the honourable path upon which they have entered.

The Cornwall Association is, comparatively speaking, in its infancy, and its members as yet but few; the appearance of "Transactions," therefore, from our friends at St. Columb, both surprised and pleased us. The present number contains a brief report of the anniversary meeting, held at Truro, on Feb. 8, 1842, a Retrospective Address on Surgery (1840) by Mr. Moorman, and a Retrospect of Medicine (1841) by Mr. Haydon.

*Researches into the Causes, Nature, and Treatment of the more Prevalent Diseases of India, and of Warm Climates generally.* By JAMES ANNESLEY. Second Edition. Longman and Co. 8vo. pp. 606.

In the year 1828, after having passed more than twenty years in the active exercise of his profession in India, Mr. Annesley published the first edition of his work on Diseases of India and Warm Climates generally. The expenses of this costly edition, which was accompanied by forty coloured plates illustrating the morbid appearances common to the diseases of India, was liberally defrayed by the East India Company; but to the profession at large it was nearly inaccessible. A cheaper and more commodious edition was a great desideratum, and this Mr. Annesley has supplied in the volume before us. The quarto form of 1828 has been reduced to a handsome octavo; in the place of plates we have accurate and detailed descriptions of pathological appearances; the less practical portions of the first edition have been omitted or condensed; and the matter is arranged so as to form a complete manual of the diseases of India. No Indian practitioner—indeed, no medical man desirous of acquiring just ideas of the diseases incidental to warm climates—should be without a copy of this valuable work.

## ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Dr. WILLIAMS in the Chair.

Feb. 22, 1842.

*A Case of Partial Dislocation of the Humerus forwards.* By JAMES DOUGLAS, Lecturer on Anatomy at the Medical School, Portland-street, Glasgow. [Communicated by F. Le Gros Clark, Esq.]

The object of the author in relating the present case, with the history of which he is unacquainted, although a drawing of the scapula and newly-formed socket accompanied the paper, is to combat an opinion expressed by Mr. South, published in the 23rd volume of the Transactions of the Society—viz, that partial dislocation of the os humeri forwards could not exist without fracture of the corocoid process. The new socket is an inch broad by an inch and five-eighths long, hollowed in both directions, and its inner posterior edge is distant about a quarter of an inch from the corocoid notch.

*Laryngitis—Operations.* By JAMES WILSON, M.D., Physician to the Middlesex Hospital.

After remarking on the inexpediency of allowing patients to reach an advanced period of the local affections before the operation is performed, Dr. Wilson expresses his opinion that the operation may not be too late, for a chance of success, even though respiration should have ceased.

He illustrates, however, the expediency of the early operation by analogies drawn from his experience in



pleurisy, in which the early removal of effused fluid has appeared to prevent the permanent compression of the lung. He then proceeds to state two cases—one of chronic, the other of acute laryngitis—both recovering after the operation.

In the first case, that of a woman, delirium, cold perspiration, fixed contractions of pupil, had taken place: the stethoscope being used, no air was heard to pass; the pupil was insensible to light. Before the stilette was introduced she had evidently ceased to breathe.

A tube, first straight, afterwards a curved one, was left in the opening made by the operation; the latter shape being less irritating to the larynx. Finally, the curved tube was dispensed with. In the course of the person's recovery she was brought under the influence of mercury.

Three years after the operation she was seen enjoying good health.

Six days before the young man, who is the subject of Dr. Wilson's second case, was brought into the hospital, he had been labouring under a severe cold, with cough, hoarseness, and a sense of choking.

These symptoms had increased to a very high degree when he came in. After being put into a warm bath, he was attacked with a very severe paroxysm. Three hours afterwards, symptoms not improving, laryngotomy was performed, with immediate great relief. In the progress of the recovery a piece of false membrane came away. The tube was retained from Nov. 15 to Dec. 18, when, on being taken out to be cleaned, it could not be returned. Two years after the operation, he was known to be in good health.

In both these cases, the crico-thyroid membrane was pierced by a trocar, which place Dr. Wilson recommends for the operation. He makes an admission, that the inferences drawn from these cases are more applicable to adults than to children. The struggle of the latter, and the pliancy and want of prominence in their larynx, increasing the difficulties of the operator.

The paper closes with an account of two other cases, in which life was prolonged by the operation, but the patients ultimately died, the lungs having been affected, previously, with irremediable disease.

*Tuesday, March 8.*

*On a Variety of False Aneurism.* By ROBERT LISTON, Esq., Surgeon to University College Hospital.

[The abstract of Mr. Liston's paper not being yet prepared by the secretary, we are unable to publish it this week. The case differed, however, very slightly from the report already published. We shall give the official notice next week.]

After the reading of this case a long and painful silence pervaded the assembly. It seemed as if the society had just assisted at "a last speech and dying words," instead of the simple relation of an interesting case in surgery.

The PRESIDENT at length rose and said, that he wished to direct the attention of the members to one point connected with the history of false aneurism. In many cases of this kind a very large quantity of blood was effused into the cavity of the sac, and consequently removed from the current of the circulation, yet the blood would remain for an almost indefinite length of time, without undergoing any change approaching to putridity. He remembered a case of this kind which had been under his care, several years ago, in St. Thomas's Hospital; at least four pounds of blood were contained in the cyst, yet a sufficient portion of vitality remained in the blood to preserve it from putrefaction.

Mr. STAFFORD mentioned that, as they were on the subject of false aneurism, Mr. Perry could, he believed, relate the particulars of a very interesting case which had occurred at the Marylebone Infirmary.

Mr. PERRY begged to remind Mr. Stafford that this was a case of varicose aneurism; and, moreover, that it had been published long ago in the Transactions of the Society.

Dr. JAMES JOHNSON said that the society were much indebted to Mr. Liston for bringing this case before them. The paper which they had just heard would also have the effect of dissipating a host of rumours, which prevailed over the town concerning Mr. Liston's operation. Amongst other reports, for example, it had been affirmed that the fact of a bruit de soufflé having been detected in the tumour, was communicated to Mr. Liston *before* the operation; whereas it was now evident that Mr. Liston was not acquainted with this fact until after he had opened the tumour. He (Dr. Johnson) did not wish to throw any doubt on the nature of the tumour in the present case, but he was desirous of learning from Mr. Liston how the absence of pus could be accounted for on the opening the tumour, supposing the latter to have been an abscess.

Mr. LISTON said that the apparent absence of pus was easily accounted for. The matter contained in the sac was, in all probability, carried away with and concealed by the blood, which gushed forth as soon as the tumour had been punctured. Unfortunately, the fluid discharged had not been examined under the microscope; if this had been done, he was sure that pus globules would have been detected, intermixed with those of the blood.

Mr. DALRYMPLE, in allusion to the bruit de soufflé, as a sign of aneurism, contended that the existence of this bruit was not sufficient to prove the presence of an aneurismal tumour; any considerable pressure exercised upon a large artery would give rise to the bruit de soufflé. The age of the patient, the appearance of the tumour, and whole history of the case, would have led any surgeon to conclude that it was one of ordinary abscess; and no blame whatever could attach to Mr. Liston for the mode of proceeding which he had adopted.

Dr. JAMES JOHNSON observed that, whatever bruit might have been heard over the artery, the case had produced a bruit de diable all over the town.

Mr. PARTRIDGE did not exactly coincide with the author of the paper, in thinking that aneurism was so rare a disease in children. He had a distinct recollection of three cases of this affection. One he had seen in the practice of Mr. Hodgson, of Birmingham; the subject of this case was nine years of age. The other had been mentioned to him by the same gentleman, and occurred in a child between seven and eight years of age. The third was a case of aneurism of the common carotid artery, and occurred in a child about nine years of age.

Mr. BRANSEY COOPER remarked that it was strange none of the cases mentioned by Mr. Partridge were alluded to in Mr. Hodgson's work on the Diseases of Arteries. The youngest patient described by Mr. Hodgson was a child thirteen years of age.

Mr. ADAMS thought that the unfortunate effects which ensued in Mr. Liston's case might have been prevented, had the surgeon employed the precautionary measure of exploring the tumour with a needle. His chief object, however, in addressing the meeting was to direct their attention to a curious physiological fact mentioned in the report of the case. It was stated that the pupil of the right eye (the one on the same side as the tumour) was in a dilated state, while the other pupil did not exhibit any change. He (Mr. Adams) could only account for this phenomenon on the supposition that the tumour or abscess, by its pressure on the superior cervical ganglion, had affected the ciliary nerves, and, through them, the iris.

Mr. BRANSEY COOPER said that he was at a loss to understand how any affection of the nerves, alluded to by Mr. Adams, could influence either the motions or the sensibility of the iris.

Mr. ADAMS referred to the experiments of M. Brachet in confirmation of the opinion which he had advanced.

Dr. TRUMAN wished to ask how long it might be supposed that the artery communicated with the abscess, in the case which had been just related. He did not, for his part, imagine that the communication could have existed for any considerable time. Had such been the case, a greater or lesser quantity of pus must have found its way into the current of the circulation; and the members of the society were well aware of the dangerous effects produced by any accident of this kind. It seemed to him (Dr. Truman) that the artery must have given way shortly before the operation; perhaps the struggles of the child might have determined the rupture of the vessel.

Mr. DALRYMPLE, in answer to the last speaker, observed, that surgeons were well aware of the fact that an artery might communicate for weeks and weeks with the cavity of an abscess, and no serious consequences result; the danger alluded to by the last speaker was altogether chimerical. With reference to the propriety of employing the grooved needle, he (Mr. Dalrymple) did not see what difference it made whether the tumour was opened by an exploring needle, or, as in the present instance, by a small knife; the ultimate effects would be the same in both instances. He did not, therefore, think that any blame could be attached to the manner of opening the tumour in the case now under consideration. This was a very insignificant circumstance.

Dr. JAMES JOHNSON coincided with Mr. Dalrymple in his remarks on the point started by Dr. Truman. He (Dr. J.) did not see how any matter could find its way from the abscess into the artery. But, even admitting the possibility of such an occurrence, was it one of so dangerous a nature as Dr. Truman seemed to think? Every day's experience furnished examples of cases in which absorption of matter from abscesses took place without producing any alarming or dangerous effects.

Dr. WILLIAMS would not give any opinion on the surgical merits of the operation which had formed the subject of the present debate; he would, however, observe, that the existence of a *bruit de souffle* alone was no proof whatever of the presence of aneurism. He remembered a case in which this *bruit* existed so loud as almost to resemble the sound of a hautboy, yet after death nothing was found except contraction of the innominate, near its origin from the heart. Pulsation, also, was not a sign to be depended on, when it existed alone; and this remark applied particularly to children, in whom the circulation was apt to be excited by such a variety of causes. In conclusion, he (Dr. Williams) would say, that in the case which had been related to them by Mr. Liston, there was every reason to think that the operation had not been hastily or improperly performed.

## ROYAL ACADEMY OF MEDICINE, PARIS.

March 1, 1842.

### LITHOTRITY.—ALKALINE REMEDIES FOR STONE.

M. Segalas read a report on two cases of stone forwarded by Dr. Testel, in one of which lithotritry had been performed without success.

The first was the case of a man 69 years of age, who had undergone the operation several times at Paris. On returning to the country he was seized, with symptoms of peritonitis, and died. The body was examined and a calculus, as large as a hen's egg, found in the bladder. Close to the spot on which the stone lay, and corresponding to a very rough point on its surface, the wall of the bladder was torn through into the peritoneal cavity. The bladder contained 15 other calculi

of much smaller size, some of them formed by fragments of the large calculus. M. Segalas thinks that, in the hands of a surgeon accustomed to perform lithotritry, perforation of the bladder cannot occur, and that the accident in the present case depended on the friction of the rough surface of the calculus, against the inflamed bladder, during a long journey.

The second case was relative to a man, 60 years of age, who had experienced for some time pain and difficulty of making water. M. Testel sounded him, and thought that he discovered a stone, but the patient refused to have an operation performed on him. The patient was therefore submitted to the use of alkaline remedies during three months, and recovered. M. Segalas, however, remarks on this case, that M. Testel was unable to detect a stone when he sounded the patient a second time, and that the pain, while making water, had disappeared before the man commenced taking alkalines.

## REPORT

ON THE

### TREATMENT, CONDITION, AND MORTALITY

OF

#### THE INFANT CHILDREN IN THE WORKHOUSE OF THE NORTH DUBLIN UNION.

By EVORY KENNEDY, M.D., and D. J. CORRIGAN, M.D.

In the 19th number of this Journal we published some remarks on the state of the children in the workhouse of the North Dublin Union. The observations which we then made were chiefly based on certain statements advanced by the medical officers to the workhouse, Dr. Duncan and Dr. Kirkpatrick. Since that period an investigation has been made, under the direction of the commissioners, into the state of the North Dublin workhouse, and two eminent physicians, Dr. Corrigan and Dr. Evory Kennedy, have been employed to draw up a medical report "on the general condition and treatment of the pauper children under two years of age." From the personal knowledge which we have of the gentlemen by whom the medical report is signed, we are convinced that this part of the investigation, at least, was conducted impartially as well as skilfully. We therefore transfer the report (slightly abridged) to our pages; our readers in Dublin will peruse it with interest; and it contains much information which cannot fail to be useful in any future investigations of a similar kind.

The workhouse is well situated, being in the extreme north western boundary of the city, the ground on which it stands possessing an elevation of 10 feet 8 inches above the level of Stephen's-green, and being only 2 feet 2 inches below the level of Mountjoy-square.

*Lying-in Ward, No. 61.*—This ward contains eleven beds. The number of occupants necessarily varies very much. On the night preceding our visit, including nurse-tenders and attendants, 9 women and 5 infants slept in it. It contains 10,929 cubic feet, and afforded to each individual of the number that slept in it the preceding night, 780 cubic feet of air, undergoing, by its ventilators, &c., a continual change. The floor is boarded. The light and supply of air are amply sufficient. The bedclothes for each bed consist of a thick cotton rug, a double blanket, and a pair of linen sheets, which appeared to be an adequate supply. The sheets and dresses are changed once a-week. The diet varies according to the nature



and wants of each particular case; but, as a general rule, half a pound of bread and half a pint of milk, are allowed daily to each infant from the time of its birth; and one and a half pints of milk, one pint of tea, one quart of whey, and from one to one and a quarter pound of bread daily, with gruel occasionally to the mother. Both mothers and infants appeared to be doing well, and the bedding and all the furniture of the ward were cleanly and in good order.

Amongst several suggestions for the improvement of this ward, the reporters propose that it should be a regulation of the ward to supply every bed with fresh straw on some appointed day in every fortnight, as well as on the reception of each patient, and with more frequent changes whenever required.

There appears to be some irregularity, and occasionally deficiency, in the supply of gruel to the lying-in women. Women in their confinement should have an ample supply of such nourishment.

We would strongly enforce the necessity of having an educated midwife in charge of the lying-in wards instead of the present nurse-tender, who is not qualified to undertake as much of the duty as falls to her share.

*Day Rooms*.—(Ward No. 52.)—This is the original day-room, which had been occupied by nursing mothers with their children under two years of age, from the opening of the workhouse in May, 1840, to the 24th December, 1841, with the exception of about four months spent by them in another day-room. The number of nurses in this room when occupied was generally about 30, and of children from 34 to 37. This room contains about 12,009 cubic feet of atmospheric air, or about 180 cubic feet to each occupant.

The room had been without a fire and unoccupied for some days before our visit—the floor and walls were perfectly free from damp.

This room has a northern aspect, is badly lighted, and there are no means of affording sufficient ventilation without exposing the inmates to injurious currents of air. Another circumstance renders this room objectionable: in the upper part of the wall separating it from the able-bodied women's work-room, there are four permanently open ventilators, measuring 3 feet 6 inches by 3 feet. The work-room was very much crowded, and according to accidental circumstances of the door and windows being shut or open, portions of the vitiated atmosphere of this room must flow through the ventilators into the children's day-room. Any communication between the atmosphere of the women's work-room and the room appropriated to the nurses and children is objectionable.

For the reasons specified we cannot recommend ward 52 as a day-room.

On the opposite side of the yard, and with a southern aspect, is the room (now converted into a chapel), which had been occupied by the nurses and children as a day-room for the period of four months already alluded to—viz, from February to June last.

The floor of this room is flagged, and is slightly raised above the level of the ground immediately close to it, but it is four inches below the level of the old day-room, No. 52. This room contains 16,260 cubic feet of atmospheric air, or about 242½ cubic feet to each occupant.

It is better lighted and better ventilated than ward 52, but a flagged floor is occasionally damp on the surface. The building is only one story high, and lies against the main building of the workhouse, which rises three stories over it. From these and other objections, which it shares in common with ward No. 52, we do not recommend it as a day-room for the nurses and infant children.

*Dormitories*.—Ward No. 50.—Occupied by nursing mothers and their children under two years of age,

from the opening of the house to 6th of last November, runs north and south, and is 2 feet above the ground level and boarded. This ward contains 31 double beds, with lateral inter spaces between the beds of about 6 inches. The number of nurses sleeping in it averaged about 30 with as many infants; on the occasion of a press for room in the house, 46 women and 35 children slept in this room for two nights.

This room contains 15,126 cubic feet of air, and supposing it to accommodate on an average 30 nurses and 30 infants, would afford to each individual 252 cubic feet of air undergoing a change through ventilators, windows, and fire-places.

We found the bedding of this ward (reported to us to have been the same used by the nurses and children) amply sufficient and clean.

*Present Dormitory*.—Ward, No. 48.—This ward has both northern and southern aspect; is in length 96 feet 10 inches, in breadth 19 feet 11 inches, and in height 12 feet 6 inches. At our visit it contained 29 nurses and 30 infants. There is a separate bed allotted to each nurse with her infant. There were 16 able-bodied women sleeping in it, exclusive of the nurses in the ward. The able-bodied women should be removed. Supposing this room to be appropriated solely to the nurses and children, and the average number to be the same—viz, 30 nurses and 30 infants, this room, measuring 24,065 cubic feet, would afford to each individual 401 cubic feet of air. The ward on this point alone has great advantage over the two wards we have previously noticed, independently of its enjoying on both sides a most free circulation of air. We have, therefore, no hesitation in expressing our decided approbation of this ward, as the dormitory for the infants.

It may be well to give at one view the space allowed to each individual in these dormitories:—

The allowance to each individual is in the Lying-in	
Ward . . . . .	No. 61—780 cubic feet.
In Dormitory . . . . .	50—252     "
" . . . . .	42—308     "
" . . . . .	48—401     "

In soldiers' sleeping rooms at royal barracks, containing accoutrements, clothes, arms, tables, forms, &c. . . . 378     "

In more modern barracks somewhat more room is allowed.

Having thus examined the several rooms and dormitories, the reporters offer several suggestions for their improvement, which we are unable to insert, from want of space.

*Health of Nurses*.—The nurses appeared in good health, although deficient in their capabilities as wet-nurses. Three of them were in hospital—one for an affection of the lungs, the second for hernia, and the third for a slight febrile affection.

*Food*.—As the children up to two years of age are all at their mother's breast, the dietary of the nurse attracted our attention equally with that of the infants.

Each nurse is supplied with two meals daily; breakfast at 10 and dinner at 4, the former consisting of 2 lbs. and a quarter of thick stirabout, and a pint of sweet milk; the latter of 3½ lbs. of potatoes and a pint of buttermilk. We examined the milk, potatoes, and stirabout, and they appeared of excellent quality. A few of the nurses are allowed bread and milk, under medical direction, and they get a pint of soup at dinner every Monday and Thursday. These meals are taken in the common dining hall, after the other occupants have dined, the children in the mean time being left in charge of some of the able-bodied females. No nurse is allowed to carry away with her, from the dining hall, any portion of her food. From 5, p.m., to 10, a.m., is too long a period for wet-nurses to be without food, and we are of opinion that giving an evening meal of milk gruel about 9 o'clock, p.m., is

necessary to the health of mother and child; or what might be a better arrangement, the nurses to have their morning meal at half-past 8 or 9, their mid-day meal at 2, p.m., and their evening meal at 8 or 9, p.m., instead of the present hours. This arrangement, independently of its promoting a better supply of parent's milk for the infant, would secure the bread and milk given out for the children being devoted to their own use.

*Children.*—The children up to two years of age are not separated from their mothers. We first examined the 28 children in the day-room. They were generally pale, with a soft flaccid state of the limbs, and the majority attenuated. A few, however, were comparatively more thriving, and more particularly two out of the five shown to us as having been born in the workhouse (one of seven, the other eight months old). Five of the children had slight enlargement of the glands of the neck, the majority had been ailing and in hospital once or twice since their admission. Of the 23 who came into the workhouse, the mothers stated that 15 were in good health on their admission, that the other 8 were labouring under disease, and 2 of them stated that their children had improved since admission. Of 42 children in the workhouse under two years of age on our visit, 14 were in hospital, 6 labouring under affections of the chest (some of them phthisical), 2 had diarrhœa, 2 had whooping cough, 1 was suffering under disease of the brain, 1 had slight ophthalmia, 1 tabes mesenterica, and 1 had a slight febrile attack.

The hospital arrangements for the children are defective. The children labouring under contagious diseases are not separated from other children who may happen to be in hospital at the same time; some cases illustrative of the inconvenience resulting from this came under our observation. This is a defect requiring to be remedied. Should severe epidemics make their appearance, it will be difficult to prevent them from spreading through adults as well as children. The immediate insulation of a contagious disease, on its appearance among infants, is peculiarly necessary, from the greater mortality occurring in the early periods of life.

*Morbidity and Mortality of the Children under Two Years of Age.*—We found it impossible to arrive at satisfactory conclusions as to the actual amount of sickness that had occurred in the house; the want of separate wards for the children, and the difficulties necessarily attendant on the opening and formation of so large an establishment, together with the hospital books returning frequently the names of both nurse and child, where only one of them was under treatment, prevented our getting precise information on the amount of morbidity that actually occurred among the children. We give, however, the following hospital report furnished to us, for twelve months, commencing May, 1840, the only period for which we could obtain a return:—

Whooping Cough . . . . .	16
"    complicated with Pneumonia . . . . .	6
Consumption . . . . .	3
Pneumonia and Consumption . . . . .	2
Pemphigus . . . . .	1
Ditto and Consumption . . . . .	1
Convulsions . . . . .	1
Small-pox . . . . .	1
Bronchitis . . . . .	11
Pneumonia . . . . .	6
"    complicated with Consumption . . . . .	1
Diarrhœa . . . . .	3
Consumption . . . . .	8
Measles . . . . .	1
"    with Convulsions . . . . .	1
Scarlatina . . . . .	9
Itch . . . . .	1

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Brought forward . . . . .	72
Pemphigus Gangrenosus . . . . .	1
Herpes . . . . .	1
Teething . . . . .	3
Scrofula . . . . .	1
Small-pox . . . . .	3
Chicken-pock . . . . .	3
Ophthalmia . . . . .	10
Hydrocephalus . . . . .	6
"    with Consumption . . . . .	2
Remittent Fever . . . . .	4
Marasmus . . . . .	2
Abscess . . . . .	1
Convulsions . . . . .	5
Febricula . . . . .	1
Worms . . . . .	1
Diarrhœa . . . . .	8
Cholic . . . . .	3
Diseases not specified . . . . .	30

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The tables of mortality have, however, been accurately kept, and the following is the report handed to us:—

Total admissions from opening of house, 11th	
May, 1840, to 1st January, 1842 . . . . .	275
Discharged . . . . .	129
Died . . . . .	98
Remaining in house . . . . .	48

Which makes the proportion of those admitted, that died in the workhouse, 35½ per cent.

It is difficult to form a perfectly accurate estimate whether this mortality is above or below the mean mortality of children under exactly similar circumstances; for, with the exception of the report of the South Dublin Union Workhouse, we are not in possession of returns from any similar institution, where a constantly changing population under two years of age, the duration of residence varying from one day up to 19 months, forms an element of the question; and the difficulty is still further increased, by the workhouse reports not furnishing a statement of the health of the children on admission. To afford all the means in our power of coming to a conclusion on the amount of mortality in the North Dublin Union Workhouse, we subjoin the following data and calculations, derived from various sources, of the mortality of children under two years of age.

By the report of the South Dublin Union Workhouse, from its opening in April, 1840, to the present January, 1842, it appears that there were—

Admitted . . . . .	208
Discharged . . . . .	86
Died . . . . .	71
Remaining in the house . . . . .	48

Which gives a mortality of 35½ per cent. on the admissions.

The Registrar General's Reports for England have not yet extended over a sufficient period to enable us to draw any accurate conclusion from them.

The last census for Ireland is not sufficiently advanced to afford us the necessary information. The commissioners have, however, handed to us the only returns made out—viz., from Drogheda and Tullamore, giving the ratio of deaths in relation, not to the births, but to the existing population, under 2 years of age, for an average of 5 years; their return gives a mortality—

In Drogheda, of 26 per cent.;

In Tullamore, of 28 per cent.

M'Culloch, in his mortality tables, gives the following as the mortality of infant life in the cities of London, Vienna, and Berlin. Of 1,000 children born at the same period in those cities, there will be alive, at the end of two years, in London, 548; Vienna, 471; Berlin, 528; giving 48 per cent. as the mortality of



children under two years of age in those three great cities.

With the view of ascertaining, as nearly as possible, the rate of mortality among the children under two years of age in the poorest classes of our own country, we questioned the married women of the workhouse as to the total number of their children, and the proportion that died under two years of age, before their admission into the workhouse; we had the same inquiries made of the women who happened to be in the Lying-in Hospital, and of the women in the Mendicity. Our examination included from 200 to 300 women. Of 1,000 children born, 340 died within two years, being a mortality of 34 per cent. In Sweden the mortality of children under two years of age, *including all classes of society*, is  $25\frac{1}{2}$  per cent.; in France,  $32\frac{1}{2}$  per cent. The mortality of children varies much in the different classes of society, being far greater among the poor than the rich, the want of food and of the necessary comforts having a serious effect in destroying infant life. The mortality of the children sent from the Foundling Hospital of Vienna to be nursed in the surrounding country has been found to fluctuate according to the plenty or scarcity of the current season. In Paris the mortality among the children of the arrondissements inhabited by the poorer classes is, at the lowest calculation, twice the mortality occurring in the arrondissements inhabited by the wealthier classes. The same has been observed throughout France; in the poorer departments one-fourth of the children die within the first year; in the richer departments only the same number die within five years.

But the mortality still increases in deserted children, who, with their other deprivations, suffer the loss of the mother's care. The reports of the Foundling Hospital of Dublin are before us for 34 years (its improved period), including from 1798 to 1831. Of 51,527 children received into the house, there died in the interval before being sent to nurse 12,153, being a ratio of 23 per cent. 700 were returned to their parents, and of the remaining 38,674 sent to nurse in the country, there died under two years of age 15,252, being a mortality of  $39\frac{1}{2}$  per cent. on the children sent to nurse, the average annual mortality on the total number for the period of 34 years being 53 8-10ths per cent.

The records of foreign foundling hospitals, with very few exceptions, exhibit a much higher rate of mortality than even this.

The police commissioners have placed in our hands the returns of deserted children found by the police in the city of Dublin from the establishment of the force in 1838 to the present time. In three of the divisions, the average time which the children remained in charge of the police being four days, is too short to permit us to draw any conclusion from their tables; and as the returns of the fourth division do not specify the time the children remained in their charge, we are also precluded from using them. The table of D division gives us, however, very full information.

The number of deserted children found in this division from January, 1838, to January, 1842, amounted to 75, who varied in age from 1 day to 21 months, with the exception of one child aged  $2\frac{3}{4}$  years; of the whole number, 34 were reported healthy. The children were, on an average, about 5 months supported at nurse out of the police fund. Of the 75, 42 are dead, being a mortality of 56 per cent.

We have applied to all the parishes of Dublin for returns of the deserted children, the number received and sent to nurse, number that died each year, &c. In some of the parishes the books are either so badly kept as to be useless, or there are no books at all. The reply sent us in one instance was, that "the overseers do not keep either a record of their proceedings, or a registry of the children under their care. They *trust to memory* for the number and names of the children

placed at nurse," &c. Similar answers have been received from others. The following are the parochial returns, we have succeeded in obtaining, of the mortality of deserted children under 2 years of age:—

	Mortality, per Cent.
St. Catherine's Parish . . . . .	36
St. George's . . . . .	75 $\frac{1}{4}$
St. Mary's . . . . .	56 $\frac{1}{4}$
St. Peter's . . . . .	49 $\frac{3}{8}$
St. Mark's . . . . .	51 $\frac{1}{2}$
St. Michael's . . . . .	60

*Ventilation.*—We consider the modes of ventilation, at present in use in all the rooms appropriated to the children, defective.

To render ventilation efficient, there should be, 1st, abundant space; 2nd, the air should be ever changing; and 3rd, the room should be as free as possible from draughts. To secure the first, we have recommended the exclusive appropriation of the large wards, No. 48 as a dormitory, and 43 as a day-room. Although convinced of the advantages derivable from the number of occupants being strictly apportioned to the size of the chamber, yet, as a favourable opportunity existed of testing the accuracy of the principle, we visited the Hibernian School in the Phoenix-park, and obtained its medical statistics for several years from Dr. Elkington.

These returns give for the years 1828, 1829, and 1830, the proportion of 262 per cent. as having passed through hospital, when the number of pupils amounted to 600, its full complement, while only 187 per cent. passed through hospital in the years 1832, 1833, and 1834, when the number of inmates, by a reduction of the establishment, was diminished to about one-half.

The decrease in deaths of the infants of the Dublin Lying-in Hospital from 1 in 6 to 1 in 20, that followed the diminution of the number of occupants in the wards, and introduction of improved ventilation, effected by the late Dr. Joseph Clarke, confirm the advantages of ventilation and the necessity of not permitting the number of occupants in the infants' room of the workhouse to exceed that at present accommodated. But no matter how large the chamber, or what number of cubic feet of air each person is allowed, unless its *continual change* be provided for, the air must become vitiated and injurious to health. Arrangements must therefore be made for securing a constant change or circulation of air, where so many individuals occupy the same chamber.

The ventilation at present is dependent on windows, doors, and chimneys; but, as Dr. Birkbeck has very properly observed, "doors are for passages, windows are for light, and there should be apertures for ventilation." The windows constitute an excellent means of ventilation when the occupants are out of the wards, and should then all be kept open; but the worst means when the occupants are within the wards, as in the latter case it is impossible to prevent the inmates shutting them, and if left open, particularly unprotected as they generally are by any contrivance calculated to direct the currents from those within, it is doubtful whether they do not produce a greater degree of mischief than of good. The supply of so vital a necessary to human life as air, should be so provided for as to render it impossible that it could be interrupted by any accidental interference, whilst its introduction should be so regulated as to guard against converting one of the prime necessities of life into an active cause of disease.

Pending the institution of a more comprehensive system of ventilation, we would recommend provision to be made for securing the supply and escape of 360 feet of air per minute, in each of the infant wards. The arrangements for effecting this should be independent of windows and doors, which may thus be kept closed, when the rooms are occupied.

The simplest and safest expedient for effecting this

object will be the leading up several funnels or air-tubes from different parts of the ceiling in each ward, to communicate with the external atmosphere, either by opening into the space between the upper ceiling and the roof, from which the impure air can be discharged through louvred windows, or these tubes may open directly through the roof itself, terminating with a cap, to prevent down-draughts. This object will be further accomplished, and the portion of air next the ceiling, which is usually the most impure, will be drawn into the tubes in horizontal currents, by placing at a few inches from the mouth of the air-tube within the room, a circular disc, spreading some distance beyond the aperture. Having provided for the exit of the vitiated air, some modification of the following plan should be adopted, in order to afford an equal supply of pure air. Several openings may be made through the sides of the wards, at different points, on a level with the floor, over which perforated zinc plates should be secured, to regulate the admission of the air; the amount of air to be admitted through them being equivalent to that which escapes.

We would recommend the zinc plates to be perforated with holes of not more than one-eighth of an inch in diameter, and about one inch asunder. The air passing through will then enter the room in streams so fine and so far asunder from one another, that it will almost immediately, by its intimate mixture with the internal air, acquire a mean temperature.

Each ventilator may be a cast metal funnellet into the wall, slightly curved to prevent the lodgment of rain, with the wider or inner end one foot square, covered with the zinc plate perforated as described, and the outer or smaller end diminishing to an opening of two inches square.

*Food for Infants.*—Each nurse receives, for the daily use of her child, three quarters of a pound of bread, and half a pint of milk, both of excellent quality.

We are of opinion that for *very young infants* a less solid food than bread and milk would answer better, such as barley or grot gruel, carefully made and fresh, with a greater or less proportion of milk according to their ages. Under the most favourable circumstances, the practice of mothers continuing children at their breasts after the first year is questionable, but under the circumstances in which mothers in a workhouse are generally placed, we look upon the practice as highly injurious, and one on which the prejudices of the parent, however strong, should yield. We doubt not, therefore, that taking the children from their mothers' breasts at a year old at farthest, and at a more feebly period where a necessity is indicated, would tend considerably towards securing good constitutional health in children at this period.

As a further means of effecting this object and preventing the occurrence of disease, an extra allowance of milk, animal soups, or at a more advanced age even a small quantity of animal food, should be allowed to those children who are not thriving, although not fit subjects for hospital.

*Clothing.*—Each infant is provided with a calico shirt, a flannel waistcoat, a linsey petticoat, and a check calico frock, and shoes; some of them also had socks and calico pinafores. The material of which the clothes are made is excellent, but the arms and chest are too much exposed; it would be conducive to the children's health to have sleeves added to their present dresses, and to have them altered in conformity with those of the children from 2 to 5 years of age at present in the workhouse. The clothing of the children generally is in a more cleanly state than is usual with children in similar walks of life in their own homes; but still not as cleanly in many particulars as it might be. No provision exists for guarding the infant from cold on going up and down stairs from one part to another of the building, or even on going into the yards; but we were informed

that when the nurses and children were occasionally brought out to the garden they have lately been allowed to wear their blankets for this purpose.

The nurses ought each to be furnished, in addition to their present dress, with about two yards of wider drugget or baize, which they can wrap round their children and themselves on their being exposed to changes of temperature: a precaution quite as necessary to preserve the health of the nursing mother as the infant, and one which will deprive her of the only excuse she at present has for not being in the open air as much as her own and her child's health require.

*Ablution.*—The prejudice of the mothers against the use of the bath for their infants was such that we were informed they had rebelled *en masse* against its employment; in fact, we found but one out of the 30 who gave her child the advantage of this adjunct to health—most of the others rested satisfied with washing the face, some the limbs, and a few the hands and arms of their infants, but not one of them washed the whole body. The health of the child depends so much on the proper performance of the functions of the skin, which can only be secured in infancy by the daily use of the bath, that this prejudice should be immediately overcome, and a regular and safe system of ablution introduced and persisted in; these observations would apply with equal justice to mothers and children.

The superintendent immediately in charge of the nursery and responsible to the matron, is one of the paupers themselves; she possesses no influence to enforce attention to the rules. There is a want of a fitting person to be placed over the nursery department, whose superior station and decision would give her sufficient weight and influence to introduce better habits in the nursery in this as well as in other particulars.

*Exercise in the Open Air.*—There does not seem to be sufficient strictness in enforcing the rules upon this subject, yet upon their observance depends very much of the health of both nurse and child. We were informed that in this matter the nurses were most intractable, many of them remaining with their children confined to the wards for weeks, despite the repeated solicitations of those placed in charge of them. Exercise in the open air, however, is so vitally essential to parent and infant that it should not be left optional. In fact, there should be an established order for the day-rooms to be vacated, and if necessary locked for several hours in each day throughout the summer, and for at least two hours every day, the weather at all permitting it, in winter. The garden, as being more open to fresh air and light, is much better adapted as a place for exercise than the courts. In summer, benches ought to be placed in it. In winter, it is safer not to have seats, as the more the nurses move about whilst in the open air the better, but a shed should be erected in the garden to afford them shelter when required; and in order to correct their indolent and sedentary life some light occupation ought to be imposed on them.

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## HOUSE OF COMMONS

Tuesday, March 8.

### BURIAL OF THE DEAD IN LARGE TOWNS.

Mr. MACKINNON said, in rising to bring forward the motion of which he had given notice, he trusted he should be excused for the few remarks he was about to make on a subject of such grave importance. He had been first induced to bring it forward in consequence of having been appointed on the select committee on the health of towns the session before last, when this question had incidentally come under their consideration, and it then appeared to him of so much



importance that he had been induced to give it his best attention. Subsequently to that time the city of London and a number of individuals had considered the subject. Under these circumstances he trusted he should not be thought presumptuous for endeavouring to show to the house the necessity of some legislative measure to alter the prevailing custom. The more they considered the subject the greater would be their astonishment that for so many centuries they had lived with such a mass of corruption amongst them, and had continued to follow the example of the most barbarous nations. The object he had in view was to prevent the inhumation of individuals in large towns. How it was possible that such a custom had been for so long a period sanctioned in this country passed his comprehension. Perhaps the house would be surprised when he told them that in all the nations in the globe a different state of things had taken place. Amongst the ancient Egyptians—(laughter)—he would not long detain the house—but the ancient Egyptians had a custom of burying their dead out of the towns; the Greeks followed the same plan; the Romans did the same. In the laws of the twelve tables there was a law that no man should be either burnt or buried except out of the precincts of the town. (Laughter.) It was impossible for any custom to be so obnoxious and injurious to individuals as this of inhumation in towns. The early Christians used to bury their dead in towns. The first person buried in a church was the Emperor Constantine. The hon. member opposite (Mr. Wakley) had alluded to this subject in a publication with which he was concerned. With the permission of the house he would read to them a few extracts from the opinions of two or three medical men totally unconnected with each other on this subject. The first that he would read was that of Mr. Jinks. [The hon. member proceeded to read the extract in question, but in so low a tone of voice, and he was so frequently interrupted by the laughter of honourable members, that it was difficult to catch more than its import. We understood him to say] “One of the effects of this custom was, a fetid and dreadful odour (laughter), which became most pernicious, and was made still more so by atmospheric electricity.” (Continued laughter.) Here was what the “Lancet” said:—“One William Green, in digging a grave in St. Margaret’s churchyard, Westminster, was suddenly taken with delirium,” and in short—(loud laughter)—in short, he died. There was a variety of occurrences which showed without any doubt that inhumation in towns was very injurious. (Hear.) All he could say seriously on the subject was, that it was a matter of very grave importance, and deserving of very deep consideration. Thinking it the duty of the legislature to guard against anything which might be injurious to the welfare of the people, and that it was the province of a member of that house to bring such a question forward, he had undertaken to do so, and he did it with the sanction of her Majesty’s government. Whether they considered the feelings of the body of the clergy, or the sentiments of the citizens of London and of the public at large, it was their bounden duty to give this subject their best attention. He concluded with moving for a “select committee to consider the expediency of framing some legislative enactments (due respect being paid to the rights of the clergy) to remedy the evils arising from the interment of bodies within the precincts of large towns, or of places densely peopled.”

Dr. BOWRING seconded the motion. He rejoiced to see that in this country at last some little attention was paid to this subject, with the view of making the dead as little noxious to the living as possible. In France, Spain, and other countries great attention had been paid to this.

Mr. WAKLEY wished to know if the hon. member intended that witnesses should be examined before

his committee? If so, it was unnecessary that any discussion should then take place on the subject. (Hear, hear.) Many complaints had been made to him that the charges made at the cemeteries for burying the poor were outrageous, and he feared that unless caution were exercised in conducting the inquiry, monopolies might be created of a very dangerous and pernicious character. He was informed that a poor person could not be buried at a less charge for the ground alone than ten shillings. He hoped that this subject would be examined into before the committee.

Sir J. GRAHAM said he was decidedly of opinion that the time had arrived when some legislative interference was absolutely necessary on this subject; that the comfort of the community and the feeling of decency of civilised minds required that greater space should be provided for the burial of the dead outside the walls of towns. The hon. gentleman (Mr. Wakley) feared that this inquiry might lead to the establishment of some monopoly on an enactment being passed on that inquiry. But, in giving assent to this inquiry, he guarded himself against allowing any legislative measure emanating from this committee. He did think that any legislative measure must be very carefully considered by that house; but, on the other hand, he thought that previous inquiry was the best ground for any legislative measure. (Hear.) With regard to the constitution of the committee, he was quite sure the hon. member would take every possible caution with respect to the names on that committee, and that, in conformity with the established rule of the house, he would give notice of the members to be put on it.

The motion was then agreed to.—*Times*.

#### ASPHYXIA DISSIPATED BY A PINCH OF SNUFF.

A child, five months of age, being constipated, was given a spoonful of sweet oil. The dose having been carelessly administered, some of the oil got down the trachea, and brought on complete asphyxia; the lungs had ceased to contract, and the infant was on the point of death. M. Pigeau, who was sent for, at once perceived the cause of this alarming state, and passed a pinch of snuff up the nostrils of the infant. The violent sneezing thus brought on excited the contractility of the respiratory muscles, and respiration commenced, feebly at first, but was gradually re-established. Strong vinegar and other means had been previously tried, but without success.

#### PROGRESS OF QUACKERY.

We copy the following precious morsel from a recent number of the “Times” newspaper. Assuredly empiricism has established a railroad for its own special conveyance. Mr. Cooper, it appears, has been created a baronet; the quack is Professor H.; Dr. Bright has so little to do with his money that he gives half-sovereigns to buy quack pills, and the public are expected to swallow pills and lies together.

“[Advertisement.]—Holloway’s Pills and Ointment.—The Mansion-house.—Affidavit was made this day (March 8, 1842) by William Brook, messenger, of No. 2, Union-street, London-road, that the deponent was a patient at the Metropolitan, King’s College, Guy’s, and Charing-cross Hospitals, he being afflicted with fifteen ulcers on his arm. Sir Bransby Cooper and other surgeons at Guy’s recommended amputation; Dr. Bright, however, the principal physician at that institution, gave deponent half a sovereign to purchase Holloway’s pills and ointment, stating that he had witnessed, in desperate cases, great cures effected by these remedies. In three weeks the deponent was radically cured by this means. To be had at Professor Holloway’s establishment, where advice may be had gratis.”

## MAXIMS,

OF A RETIRED MEDICAL PRACTITIONER, ETAT. 69, AND  
A BACHELOR.

## I.

Never refuse a fee.

## II.

Take a house near a thoroughfare, but not in it;  
and avoid a move as you would the d—l.

## III.

Give up practice, before practice gives you up.

## IV.

Take time by the fore-lock, and save whilst you are  
in fashion; for practice, like peas, gets out of season.

## V.

The road to eminence is slow but certain, the  
greatest impediments we have to encounter, are plausible sycophants and “d—d good-natured friends.”

## VI.

He who rises rapidly, descends before long, even  
below his level.

## VII.

Dinners and fees are incompatible.

## VIII.

Don't marry until you please, or don't marry at all  
if it pleases you better; none but speculative mammas  
and disappointed spinsters refuse to consult the  
unmarried.

## IX.

Stick to your last and shun politics. Physic and  
law are distant, and very different matters.

## X.

The man who seeks patients by going to church  
destroys his own soul, and is soon seen through.

## XI.

If you desire a reputation for wealth, never asso-  
ciate with professors, nor be seen at medical conversa-  
ziones.

## XII.

Give an early exit to matter when situated under  
a fascia, and never give lectures.

## XIII.

Write your prescriptions in a plain round hand, and  
in full Latin if you practice in the city; the reverse, if  
you practice at the west end.

## XIV.

Never give a satisfactory answer to any question  
you may be asked in a sick room.

## OBITUARY.

(From a Correspondent.)

Died on the 16th inst. (Feb.), at Manchester, John  
Pendlebury, M.D., Physician to the Royal Infir-  
mary, &c.

Dr. Pendlebury was distinguished among his medi-  
cal brethren, for zeal and talent of a high order.  
Educated for the profession, he passed a considerable  
time at the medical schools of Dublin and Paris, as  
well as at the University of Cambridge, where he came  
out first medical graduate of his year, and was ad-  
mitted a member of the Philosophical Society. As an  
accomplished scholar, strictly honourable and exem-  
plary in all the relations of life, of amiable and attrac-  
tive manners, and possessed of a thorough knowledge  
of his profession, it is not surprising that he should  
have been early called upon to impart to the rising  
generation that information with which he had so  
amply enriched his own active and inquiring mind.  
He was accordingly solicited, shortly after commencing

practice, to become a teacher at the Marsden-street  
School of Medicine, where he lectured successively  
on medical jurisprudence, materia medica, and practice  
of physic; and they who had the gratification of listen-  
ing to his discourses will not soon forget his graceful  
and vigorous style of thought and reasoning, and the  
interesting bias which he imparted to the ordinary  
routine of medical instruction. His introductory lec-  
tures were indeed perfect models, and we hope that  
the publication of some of these in a permanent form  
may be secured to posterity as a memento of the  
sterling ability of their gifted author. Although but  
little known to the literary world, Dr. P. has left  
behind him a considerable collection of MSS. He,  
many years ago, translated Delpech's valuable work  
on Distortions of the Spine, which at a future period  
it was his intention to publish, together with much  
valuable additional matter, the fruit of his own re-  
search and observation. Hitherto, however, he had been  
more bent on collecting than diffusing information, but  
there is every reason to believe that the public would  
have been benefitted, perhaps not the less from the  
delay, by the mass of knowledge which he was gra-  
dually storing up. It is, therefore, much to be la-  
mented that so promising a member of the profession  
should have been cut off thus early in his career—a  
career which promised to be both lengthened and  
brilliant. The regret is not diminished by the know-  
ledge that in all probability he fell a victim to the  
zealous discharge of his duties at the Fever Hospital.  
Dr. P. had only reached his 35th year. Possessing  
the many excellent qualities we have mentioned, it is  
almost superfluous to add that, by those who had the  
good fortune to be intimately acquainted with him,  
the recollection of his virtues can only be effaced by  
the ruthless hand that has removed him from the sphere  
of his active usefulness. Nothing could have exceeded  
the tribute of respect paid by his friends and col-  
leagues on the occasion of his funeral.

ROYAL COLLEGE OF SURGEONS IN  
LONDON.

*List of Gentlemen admitted Members on Friday,  
March 4, 1842.*

Charles Ingram, John Carter Barrett, William  
Godfrey Watt, Benjamin Frederick Frankis, James  
M'Namara, William Carson, Thomas William Ran-  
som, Henry Day, John Balfour Buchanan, John  
Deighton, Frederick Hughes Kelson, Douglas Nicholas  
Tucker, Charles Otter Gilby.

## CORRESPONDENTS.

*Verax.*—We have received several letters on the  
subject of the newspaper puffs of an “eminent  
surgeon,” but we must decline to insert them. The  
task of a public censor is one which requires certain  
qualities that we do not possess. “Eminent sur-  
geons,” “distinguished physicians,” and the whole  
host of professional quacks, may puff away for  
aught we care. Unless the profession, as a body,  
take some decided steps in a matter which so nearly  
concerns their honour and best interests, it cannot  
be expected that one or two individuals should  
sacrifice themselves unprofitably for the public  
weal.

*A.B.*—We are unwilling to make any further allusion  
to the inequest on Miss Rathbone, Bath.

*Back Numbers.*—Every possible care is taken in for-  
warding the numbers by post. We regret to say  
that we have no back stamped numbers to supply  
those which may be lost.

Printed by SAMUEL TAYLOR, of 6, Chandos-street, in the  
Parish of St. Paul's, Covent-garden, at his Office, No. 6,  
Chandos-street, aforesaid; and published by JOHN  
CHURCHILL, at his residence, No. 16, Princes-street, in the  
Parish of St. Anne, Westminster.—Friday, March 11, 1842.



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## COURSE OF CLINICAL LECTURES

ON

## SURGICAL DISEASES,

DELIVERED AT THE HOSPITAL OF LA CHARITÉ,

By PROFESSOR VELPEAU.

### Lecture XVI.

#### VARICOSE VEINS.

GENTLEMEN,—One of the most frequent affections that you will have occasion to see in the course of your hospital attendance, is a varicose condition of the lower limbs. During the last year, thirty-seven patients (thirty males and seven females) were admitted into hospital, labouring under this affection. You have, thus, had ample opportunity of studying the disease, and of appreciating the value of a mode of treatment which merits your attention.

A varicose condition of the veins constitutes a very disagreeable disease, and is often attended with various unpleasant circumstances, such as ulceration, hæmorrhage, inflammation, and other accidents that have fixed the attention of surgeons. Authors, generally speaking, confine themselves to varix of the lower extremities, but the veins of any other part of the body may be affected. Wendel mentions dangerous hæmorrhage having occurred from rupture of varicose veins of the arm. I have seen two examples of a varicose state of the veins of the upper extremity carried to an extreme degree. Last year, I saw a young man with a varicose mass as large as the fist, between the angle of the jaw and the clavicle on the right side; I also saw a young girl with a large varix under the eyebrow; and an adult with another along the course of the sagittal suture. M. Champion met with a case of varicose vein, under the tongue, as large as the thumb. Cases of varix have, likewise, been seen in various parts of the head, neck, nose, eyelids. On the hypogastric region, the enlarged veins sometimes acquire an extraordinary size. The internal veins, again, may become varicose; examples have been met with in the vena cava, subclavian, and azygos veins, &c.

I shall not, Gentlemen, now detain you with a description of the causes, symptoms, or terminations of varix. These you are sufficiently acquainted with; I therefore prefer dwelling on the treatment of this affection, and shall commence with varix of the lower limbs; afterwards, we will speak of varicocele.

Varix admits of two modes of treatment, the radical and the palliative. Astringent applications and bandages chiefly constitute the latter; the radical cure is sought by various surgical operations. The ancients had recourse to acupuncture, cauterisation, compression, excision, incision, section, resection, and ligature, in the hope of obtaining a radical cure.

*Acupuncture.*—This operation, recommended by

No. 77.

Hippocrates, Ambrose Paré, Dionis, &c., consists in emptying the varicose veins of the fluid blood, and clots which they contain, with small incisions, or the point of a needle. This is a very ineffectual method.

*Cauterisation.*—The old surgeons, in practising this operation, exposed the vein, raised it up, tied it at two points, about three inches from one another, and divided the vein across between them.

The inferior ligature was then removed, the blood and coagula pressed out, and the whole wound cauterised, either with a hot iron, or arsenic. Avicenna recommended this method.

*Pressure.*—Avicenna, also, appears to be the first who suggested gradual compression, from the foot to the knee, for the cure of varicose veins. This method was very generally employed by modern surgeons, until it became fashionable to have recourse to operations. When pressure is the method selected, the whole limb is surrounded with a common bandage, or laced stocking, so as to support the distended veins. The pressure should be general and uniform, and exercised not only on the varicose branches and principal trunk, but on the whole surface of the varicose limb. Mr. Colles, of Dublin, however, has informed me that he is in the habit of exercising strong pressure on the internal saphena vein on the upper part of the thigh only, and that he has obtained a radical cure in this manner. I have never ventured to imitate the practice of the Dublin surgeon.

*Excision.*—This was performed in various ways. Some surgeons combined excision with cauterisation. Galen excised and tied the veins; the operation is now abandoned.

*Ligature.*—This method, likewise, is a very old one, and in modern times it has been strongly recommended by Sir Everard Home and Beclard. The latter employed the following mode of operating:—He chose a part of the skin, under which the trunk of the vein was single and superficial, exposed the vein here, and passed an armed probe under it, then tied the ligature, and divided the vein immediately above the latter. Another method consists in dividing, at one cut, the skin and vein, and then tying the lower end of the vessel. In either case the wound is united by the first intention, and the patient confined in bed until the cure is complete. The ligature has been employed and recommended by several surgeons—Smith, Travers, Bulknow, Physick, Dupuytren, &c. Beclard assures us that he only met with dangerous symptoms in two cases out of sixty, treated in this manner. M. Gagneles modified this method by making a puncture through the skin, and passing a ligature under the vein without dividing the latter. Degouey tied the trunk of the vein below the varicose enlargements. The method now alluded to often effects a cure, but on the other hand it often fails completely, or the disease returns.

Besides, although the practice of Beclard was so fortunate, other surgeons have seen the ligature followed by inflammation of the vein and death; on this account, and from the frequency of relapse, the ligature has been abandoned altogether.

When you consider the arrangement of the superficial veins of the extremities, you can understand the nature of the symptoms which often occur after the ligature and the recurrence of the disease. Let us say a few words on these points. The venous system of the lower extremities is composed of superficial and deep seated veins. The former include the external and internal saphenal veins; these carry the blood from the toes, skin, and subcutaneous cellular tissue. The external saphena vein communicates with the deep veins at two points only—viz., on the dorsum of the foot and behind the outer ankle. On the other hand, the internal saphena communicates freely with the deep veins of the foot, leg, and thigh. On the foot, it anastomoses with the internal plantar vein; in the leg, with the posterior tibial; in front, and on the outer side, several large branches traverse the fascia and join the anterior tibial vein. About two inches above the knee, there are always some branches which pass from the internal saphenal to the femoral vein, and at the upper part of the thigh there are several others. Now, if we pay attention to these facts, we can perceive at once what the effect of tying the saphenal veins must be. The anastomoses at the foot are useful, but those in the leg and thigh are calculated to defeat the object of the operation by allowing the blood to pass from the varicose veins to the deep ones, and thus keeping up the circulation. When the internal saphena vein has reached the knee, it usually forms a single trunk, and ascends along the inner side of the thigh to the end of the femoral canal, having received two collateral branches. In many cases we find two internal saphenal trunks running parallel to each other, and M. Cruveilhier has seen three. M. Huguier met with a case in which the internal saphenal vein divided into two branches near the condyle of the femur, which united again at the upper part of the thigh, near the cribriform fascia.\*

Finally, various other anastomoses and irregularities of the vein may occur, which render it impossible to stop the passage of blood, and render the operation of ligature nugatory.

**Incision.**—Extensive incision of the varicose tumours has also been employed. Richerand revived this method after Petit. The former selected the point where the varicose knots existed in greatest quantity; and here he made a deep incision to the extent of four, six, or even eight inches. The clots were then pressed out, the wound dressed with pledgets of lint, and allowed to remain in this state for three or four days. The pledgets were then removed, and the wound dressed in the usual way. It is not easy to understand the use of such extensive incisions, and in spite of the authority of M. Richerand, this method also has been abandoned.

**Section.**—The division of the trunk of the varicose veins is a more quick and easy operation than the ligature. It may be performed by simply dividing the skin and vessel, or by passing a very narrow knife underneath the vein, and by cutting upwards without dividing the integuments. Sir B. Brodie recommended this latter method, with the object of preventing the introduction of air into the veins. In a very great number of cases I have performed this double section of the skin and vein; several of my patients were attacked by phlebitis, and one died; a great majority, however, recovered rapidly. The operation, in itself, is a very simple one. The surgeon raises up a fold of skin containing the trunk of the vein which he intends dividing; he then passes a

bistoury through the base of the fold and divides the parts with a single cut, from within outwards. The same process is applied to the other venous trunks which seem to arise from the varicose tumours. The blood is allowed to flow for some time, according to the strength of the patient; the wound is then filled with pledgets of lint, some lint covered with cerate is placed over the pledgets, and the whole supported by a bandage. The wound is dressed in this way to prevent its union by the first intention, and the reunion of the divided veins. When the varicose branches are connected with the external saphenal vein, you must divide the latter near the ham; remember, however, that this vein is often composed of two principal branches; one ascending from the leg; the other descending from the back part of the thigh, and joining the former in the ham. When the varicose tumours depend on the internal saphena vein, you must divide the trunk both above and below the knee, and also cut the different branches along the leg; otherwise the anastomoses, of which I have already spoken to you, will render the operation useless. The method of Sir B. Brodie is less certain and efficacious than the transverse division of skin and vein just described, and it does not guarantee the patient more securely from the danger of phlebitis or phlegmonous erysipelas.

**Section of the vein, followed by its resection** to the extent of one or two inches, was practised by Celsus, Albucasis, Avicenna, &c.; and has been revived by some modern surgeons. The advantage which this method is said to possess does not seem to be real, and it is equally liable to be followed by relapse. You may see a proof of this in the patient, on whom I shall presently operate with needles. M. Lisfranc resected a considerable portion of the saphena vein above the knee, but the varicose condition of the veins returned almost immediately after the operation.

The object, Gentlemen, of the various methods which I have thus briefly noticed is the same—to produce obliteration of the veins. This, no doubt, may be attained by them all; but the question the surgeon has to determine is, which is the least painful and least dangerous mode of proceeding. If we consider well the different methods employed by the ancient surgeons, for the radical cure of varicose veins, it will appear that they are attended with so many inconveniences as to lead modern surgeons to reject operations of every kind, and trust exclusively to pressure. Such was the state of affairs when the attention of practitioners was again directed to the radical cure of varix, by the proposal of more simple and safer methods, of which I shall now speak. These are acupuncture, ligature, and local pressure.

**Acupuncture.**—In the year 1839 I published some remarks, intended to show that an artery might be obliterated by leaving a foreign body in it for a certain length of time. This fact was soon applied to the veins. Two methods have been proposed, that of M. Fricke and that of M. Davat.

**Method of M. Fricke.**—The Hambourg professor, having fixed the vein under the skin, passed through it a needle, armed with a strong thread. This was done, at intervals of a few inches, in every vein that it was thought necessary to obliterate. The thread was moved daily in the vessel to excite inflammation, and was removed on the third or fourth day. M. Fricke pretends that this operation never fails; and in November, 1835, he wrote to inform me that it had never, in his hands, given rise to any dangerous symptoms. I have been less fortunate. I operated on twelve patients; inflammation of the vein took place in all; in eight cases the inflammation was merely local; in three the lower extremity was seized with phlegmonous inflammation and extensive suppuration, which required numerous incisions, the patients barely escaping with their lives; the twelfth patient died of phlebitis. One of the three patients, who had so

\* This is analogous to the variety of the femoral artery observed by Sir C. Bell.—Eds.



narrow an escape, suffered a relapse eighteen months afterwards. The result of these experiments were, as you may imagine, sufficient to prevent me from continuing to employ M. Fricke's operation.

*M. Davat's Method.*—This method consists in the passing a needle through the skin underneath the vein; the vessel is then raised up by the needle, and a second one is passed downwards through the vein, and brought up again through the vessel, having passed round the transverse needle which it crosses; the needles are supported by some thread twisted round them in a figure of 8.

*Local Pressure.—Delpech's Method.*—An incision, about an inch in length, is made over the vein; the latter is raised up, and a small piece of German tinder placed under it; the wound is now closed, compresses are applied above, and pressure is thus exercised over the point of the vein which we wish to obliterate. The wound and the vein soon inflame; but the objections to this method are too numerous to require our dwelling on it.

*M. Sanson's Method.*—This consists in applying a forceps, the blades of which are brought together by screws, to the vein. The instrument is removed every twenty-four hours. M. Sanson's method is certainly free from danger, but it appears to me to be an ineffectual one.

*Ligature.—M. Velpeau's Method.*—Gentlemen, the little confidence which I was disposed to place in the operations just mentioned, induced me to attempt some other method. In 1830 I first tried my operation on animals, and in 1835 I first employed it on the living subject. Since then I have repeated the same operation so frequently in public and private practice, that I am unable to tell you how often it has been performed. A strong, sharp pin, with a large head and a waxed thread, are the only instruments that I use. The position of the patient is a matter of some importance. He must be placed in such a posture as will render the veins tumid and prominent. The trunk of the vein is now raised up with the fingers' end, the pin is passed below the ends of the nails and underneath the vein; it will be necessary to protect the finger with a thimble or a roll of linen, for the tissues under the varicose vein are often very hard and resistant. This simple process must be repeated with regard to every dilated vein; eight, ten, twelve, or fifteen pins may be required from the foot up to the knee, but, generally speaking, three or four are sufficient. When the veins are free and movable under the skin, it is easy to pass the pins under them; but, when they are applied closely to the bones, this is sometimes impossible; you must then pass a strong pin perpendicularly downwards, and then direct it obliquely under the trunk of the vein. The pins, being all placed, are fixed with threads; at first I applied the ligatures as we do for hare lip, but this did not exercise sufficient pressure. I now twist the thread circularly round the pin, and draw it tight. The pins and ligatures are not removed before the sixth or twelfth day, when the tissues embraced between them have been destroyed. But even if the eschar be not detached at this period I remove them, because I feel confident that the vein is obliterated.

The introduction of the pin gives very little pain, but the constriction exercised by the ligature is excessively painful. Hence, you should commence with the highest pin, in order to cut off the nervous communication as much as possible. The effects of the operation are simple. The tissues embraced by the ligatures mortify and are separated, leaving a sore, which soon heals up. A hard chord forms above and below; this is the vein in process of obliteration. No dressing is required after this operation. You have merely to cut short the ends of the pins, to prevent

them from pricking the patient. Unless the inflammation be severe the patient may go about; if it be excessive, then you confine him to bed, and have recourse to the antiphlogistic treatment. As soon as the eschars come away, the small sores which remain are treated as common abscesses or burns.

*M. Reynaud's Method.*—Being desirous of avoiding the pain occasioned by the ligatures, M. Reynaud passes a thread under the vein, and a small compress supported by a strip of sticking-plaster over it; he then tightens the ligature and increases the pressure every day. This method may succeed, but it is so difficult to obtain complete obliteration of the veins, that I fear it would frequently be followed by relapse.

Gentlemen, the operation which I have just described to you is extremely simple and easy of execution; the whole process consists in passing a pin and winding a bit of thread round it. It fulfils the object of obliterating the vein as well as any other method, but is free from the dangers which attend them. You may ask, however, if it always succeeds in establishing a radical cure. Our answer must be, No. The disease will not always yield. When one dilated vein is obliterated, three or four others soon appear, the superficial branches anastomose with the deep ones, and nothing is more difficult than to obstruct completely the circulation in a varicose limb. Hence the efficacy of every process or method that may be proposed for the radical cure of varix is extremely doubtful. In the observations which I have addressed to you I have considered one point only—viz., the necessity of obliterating the veins as a means of curing varix; this being admitted, we have to seek for the best means, and I think the one which I have proposed to you affords the greatest advantages. Of more than one hundred patients on whom I have operated by this method, not one has presented any dangerous symptoms; some slight external phlebitis and the formation of some small abscesses were the only consequences of any moment that ensued. Still, I always dreaded that such constant success, in this matter, would be interrupted by an unfavourable result, and my apprehensions have been unfortunately realised. The only fatal case occurred recently.

A man, 34 years of age, of good constitution and enjoying excellent health, was admitted into la Charité with an extensive varicose condition of the legs. The operation was performed in the usual way on the 4th of April. Several pins were passed under the veins, and the ligatures drawn tightly round them. The pain thus occasioned was very severe, and continued for several days; some slight inflammation set in around the pins. On the 10th two pins were removed, and on the 11th some more. Up to the 15th no untoward symptom appeared, but on the evening of that day the patient was seized with frequent shivering, nausea, and vomiting. On the morning of the 16th he was in the same state; the tongue was white; mouth dry; vomiting of green fluid; skin hot; headache and prostration; pulse quick; leg red and swollen. He was at once bled from the arm. On the 17th the vomiting ceased; there was delirium, slight stupor, pain of abdomen, and diarrhoea. The swelling of the leg extended up to the thigh; the pulse was small and frequent, and there were several livid spots on various parts of the body. On the 18th all the symptoms were aggravated, and the man sunk on the following day.

On examining the body after death, the vessels were found full of very fluid blood, but there was no trace of pus in any of them. The vein which had been operated on was not obliterated.

CASE  
OF  
INTESTINAL OBSTRUCTION  
FROM  
STRICTURE OF THE SIGMOID FLEXURE  
OF THE COLON,

TREATED BY THE FORMATION OF  
A LUMBAR ARTIFICIAL ANUS.

By T. P. TEALE,

Surgeon to the Leeds General Infirmary.

[Report by Mr. Gibbes.]

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND  
SURGICAL JOURNAL.

GENTLEMEN,—I shall feel much obliged by the publication in your Journal of the following case of intestinal obstruction, in which an artificial aperture was made in the descending colon, without opening the peritoneum.

As, I believe, this operation has not been before practised in England, and only by one surgeon in France, I beg leave to preface the report of the case by a few observations.

Several attempts have been made to relieve congenital or acquired obstructions of the lower part of the intestinal canal by the establishment of an artificial anus; and different situations have been selected for the preternatural opening—namely, the perineal, the iliac, and the lumbar regions. The perineal operation is only applicable to cases of congenital obstruction. Acquired obstructions require the opening to be in the anterior or lateral part of the abdomen; and the operation in this situation is applicable also to congenital obstructions, and may be performed in such cases as are considered irremediable by an artificial opening in the perineum.

In 1720, M. Littre originally proposed the formation of artificial anus in the iliac region. According to his plan the abdominal walls and the *peritoneum* were divided, and the distended intestine was to be drawn out at the wound, and opened. He further proposed to retain the intestine in the vicinity of the wound by a ligature passed through the mesentery, which should be allowed to remain a few days, until the bowel had become united by adhesion to the external wound.

M. Pillore, in 1776, modified the iliac operation of Littre, by uniting the wound of the intestine to the parietal wound by several points of suture.

The operations of Littre and Pillore have been performed in numerous instances. In the article *Fistula Intestinal* of the "Cyclopædia of Practical Surgery," I have arranged in tabular order twenty-four such cases, from which it will appear that, in several instances, the operation has been successfully performed, but at the same time it is evident that the mortality was considerable; and in most instances, where the cause of death is stated in the reports, peritoneal inflammation led to the fatal result.

To obviate the danger incurred by opening the peritoneum, M. Callisen, of Copenhagen, proposed to open the colon in the lumbar region, where it is only partially covered by peritoneum, and he maintained that the intestine might be reached in this situation without opening the cavity of the abdomen. To accomplish this object, he proposed to make a vertical incision, extending from the edge of the false ribs parallel to the anterior border of the quadratus lumborum muscle. He thus hoped to reach the colon between the layers of its short and imperfect mesentery. The principal objection advanced against the operation of Callisen was, that in most instances it would be found impracticable, as the colon in the lumbar region was generally attached by a mesentery of considerable extent.

It was, moreover, urged that Callisen himself found great difficulty in executing the operation on the dead body, and that in many instances he failed, the peritoneum having been unavoidably opened. Most surgeons, amongst whom was Dupuytren, agreed in condemning Callisen's proposal, and gave the preference to the iliac operation of Littre or Pillore, until within the last three or four years, when the operation of Callisen has been revived and modified by M. Amussat. This accomplished surgeon has shown that the failure of the operation on the dead subject was owing to the intestine being empty, and that in such cases as require the formation of an artificial anus the colon is greatly distended; in which condition the layers of peritoneum, forming its imperfect mesentery, are so far separated as to allow of the intestine being reached without opening the peritoneum. He has farther introduced an important modification of the operation of Callisen by adopting the transverse instead of the vertical incision of the integuments and muscles.

M. Amussat has performed the operation five times. Four of the cases were perfectly successful. The subject of the fifth case died on the tenth day from the progress of the carcinomatous disease, but had experienced great relief from the artificial opening.\*

The case which I now submit to the profession affords another instance of the easy practicability of the operation, and of the relief which it is capable of affording. Had it been performed a few days earlier, before the cæcum had been irrecoverably injured by extreme distension, it is not improbable that the result would have been fortunate.

I am,

Gentlemen,

Your most obedient servant,  
T. P. TEALE.

Leeds, March 10, 1842.

Mrs. Wager, of Holbeck, aged 54, was admitted into the Leeds Infirmary on March 1, 1842, under the care of Mr. Teale, suffering from obstruction of the bowels.

She had been subject to constipation from her youth; and during the last five years her motions, when solid, have been of small size and figured appearance. On the 14th of February she was exposed to the rain on a cold day, and afterwards suffered severely from pain and swelling of the abdomen. On the following day she took some tincture of rhubarb and opium, and afterwards a dose of castor oil. This produced no evacuations by stool, but caused copious and long-continued vomiting. On the 16th she parted with one small stool, mixed with half a pint of fluid blood, and for several days she voided small quantities of blood and mucus, occasionally containing a little fecal matter. On the 18th, complete obstruction occurred, and the abdomen became tumid. Under the direction of Mr. Dobson, surgeon, powerful aperients and copious enemata were repeatedly employed for several days, but without producing any evacuation by the natural passage. Medicines and food were almost instantaneously rejected. On the 23rd the vomiting ceased, but the bowels remained obstinately constipated.

On the morning of the 1st of March the patient was visited by Mr. Teale, in consultation with Mr. Dobson, when it was ascertained that the upper part of the rectum was of unnaturally small calibre. A small ivory ball, attached to a silver stem, was arrested about six inches and a half above the anus. A gum-elastic tube was introduced as high as this point, and an attempt was made, by means of a powerful syringe, to inject a quantity of tepid water above the contracted part, care being taken to prevent its immediate escape by the anus. After the syringe had been em-

\* Two of these cases are related at considerable length in the article *Fistula Intestinal* already referred to.



ployed for a considerable time, with as high a degree of pressure as was deemed prudent, it was found that the fluid only entered the lower part of the bowel, which, however, could only hold eight or ten ounces. The evidence of mechanical obstruction being decisive, and the prospect of success from further perseverance in medical or mechanical means for its relief being very slight, with the permission of Mr. Dobson, Mr. Teale proposed to remove the patient to the infirmary, considering that the case was one which might be relieved by the formation of an artificial anus in the lumbar region.

At five, p.m., Mr. Teale was joined in consultation by his colleagues, Mr. Smith and Mr. W. Hay, several other surgeons and pupils being also present.

The patient's countenance now appeared extremely sunken; her lips and cheeks presented a slightly purple tint; she was much emaciated; pulse 100, and somewhat hard; skin of natural temperature. She complained of great uneasiness and distress from the distended state of the abdomen, which, however, was not tender on pressure. The abdomen, although greatly enlarged, did not exhibit the irregular surface which it presents when the tumidity is produced solely by distended coils of small intestine, but the tumefaction was more general and uniform, being, however, most strongly marked in a transverse direction from one lumbar region, across the umbilical, to the other lumbar region, the epigastrium being not remarkably prominent. The left lumbar region was decidedly more prominent than the right, not only when viewed anteriorly, but also posteriorly. The whole abdomen was highly tympanitic, no part sounding dull on percussion. Both lumbar regions, when examined posteriorly, were prominent, elastic, and tympanitic, but these characters were most evident on the left side. On examining the rectum, the anus was found excoriated and inflamed by the frequent administration of injections. The lower part of the rectum was capacious, but the finger could be made to enter, by disentangling its folds, a portion of intestine more contracted than natural. A small ivory ball was arrested at the height of six or seven inches. One of Dr. O'Beirne's tubes was introduced, but was arrested about the same point. A gum-elastic catheter returned bent upon itself, when an attempt was made to push it through the contracted part. The upper part of the pelvis was filled with the general tympanitic tumour which occupied the abdomen.

After this investigation it was decided in consultation to make an artificial opening into the intestine, as no reasonable hope could be entertained that a further perseverance in medical or mechanical treatment would be able to overcome the obstruction, and as the sunken countenance, great suffering, and rapid emaciation of the patient forbade further delay. The operations of Littré and Piloni were considered inadvisable, as they necessarily required the incision of the peritoneum. It was therefore determined to make an opening in the colon, after the manner of Callisen, modified by M. Amussat.

It next became important to decide whether the opening ought to be made in the left or in the right lumbar region. From the examination which had been instituted, it was evident that the upper part of the rectum was preternaturally contracted, and it was not improbable that the diminution of calibre might extend considerably higher; but that the descending colon was not implicated in the contraction was inferred from the prominent, elastic, and highly tympanitic state of the left lumbar region, especially at its posterior aspect. It was moreover urged that the general form of the tumefied abdomen was such as would be produced by an enormously distended colon, and not such as is observed when the enlargement is caused by the distended coils of the ilium, whilst the colon is collapsed. From these considerations the left lumbar region was selected as the seat of operation.

The patient being placed upon a table, on the right side, with the face and abdomen inclining downwards, Mr. Teale made an incision through the integuments four and a half inches in length, extending forwards from the outer edge of the sacro-lumbalis and longissimus dorsi muscles, midway between the lower ribs and the crest of the ilium, nearly parallel to the latter. The different layers of aponeurosis and muscle having been divided in succession upon a director, a considerable mass of fat was forcibly protruded at the wound. By the finger the packets of fat were detached, and the posterior surface of the colon was very readily felt, extremely tense and elastic, and was soon exposed to view, its pale blue tint and translucent aspect contrasting strongly with the opaque white fat in the neighbourhood. Two temporary ligatures were passed through the muscular and mucous coats of the colon, and a considerable quantity of air escaped through the punctures, which so far diminished the tension of the intestine, that Mr. Teale was enabled to pinch up a fold of it, and to open it with the scalpel, after which there was a profuse discharge of air and liquid fæces. The opening in the intestine was further dilated in a vertical direction by a probe-pointed bistoury to such an extent as to allow of the introduction of three fingers. The edges of the intestinal aperture were then fixed to the external wound by four points of suture, and the wound of the integuments was united by two twisted sutures. The operation being completed, Mr. Teale and other surgeons present introduced the forefinger into the artificial anus, and ascertained that the colon immediately below the aperture formed a thickened corrugated pouch, from which no opening into the lower part of the intestine could be detected, without instituting a more tedious search than was considered justifiable. The intestinal tunics forming this pouch, although much thickened and firmer than natural, did not communicate to the touch the indurated feeling of scirrhus. On passing the finger upwards into the descending colon, it was found to be capacious, its coats thin and elastic, possessing a perfectly healthy structure.

The patient was carried to her ward at six o'clock.

10, p.m. Pulse 109, softer; abdomen much less tumid and tympanitic; there is a free discharge of liquid fæces from the wound; she is quite easy and tranquil; the temperature of the skin natural.

March 2, eight, a.m. She has slept a little at intervals, and expresses her gratitude in strong terms for the relief she has obtained. Pulse 100; tongue rather dry, and coated with a brown fur; fecal discharge thicker; she takes liquid food freely.

7, p.m. Copious discharge from the wound; abdomen less tense; tongue cleaner at the edges.

2. Has passed a comfortable night; feels easy; pulse 108; fecal discharge more consistent, and occurring at intervals; abdomen softer, and perfectly free from tenderness on pressure.

3, eight, a.m. She has slept tolerably, but has been occasionally disturbed with cough, and mucous expectoration.

6, p.m. The twisted sutures removed; wound of integuments united, but its edges slightly inflamed; cough and expectoration troublesome. A poultice to be applied to the wound, and turpentine embrocation to the chest; an expectorant mixture to be taken.

4. She has passed a good night; pulse, 90; tongue cleaner, and more moist; urine retained; catheter introduced.

Evening. Pulse 90; tongue moist, and nearly free from fur; abdomen soft, and free from tenderness on pressure.

5. She has slept but little during the night, having been much troubled with cough; the discharge from the wound continues abundant, and is more consistent; pulse 116.

6. Has passed a restless night; bronchitis increased; mucous rattle distinctly audible in both sides of the



chest; pulse 130, feeble. To take a draught containing chloric aether and aromatic spirit of ammonia every third hour; a blister to be applied to the chest; half an ounce of wine to be taken, with liquid nourishment, every third hour.

7, eight, a.m. Has been much troubled with cough during the night, and has slept but little; pulse 130, weak; countenance anxious; scarcely any fecal discharge.

2, p.m. She has had some rest, and expresses herself as feeling much more comfortable; pulse 115; temperature of skin natural. She takes her wine and liquid nourishment freely; the abdomen is soft and free from tenderness on pressure; the unnatural tumidity has disappeared, except a little on the right side.

At five, p.m., she became suddenly exhausted, and the skin cold and clammy. She did not complain of pain, but rapidly sunk, and died at half-past seven, p.m.

#### *Examination of the Body Four Hours after Death.*

On opening the abdomen a considerable quantity of liquid and solid fecal matter was found in the pelvis, and a large ragged opening, through which the feces had escaped, was seen in the cæcum. The coats of the cæcum were extremely thin and softened, and dilated into a large pouch, which adhered to the neighbouring folds of intestine. The mucous membrane of the cæcum was of a deep red colour, and exhibited some small superficial ulcers. These morbid appearances were entirely limited to the cæcum. The ascending, transverse, and descending portions of the colon were empty, and appeared perfectly healthy. The artificial opening had been made at the lower part of the descending colon. The site of the operation could not be detected by examining this portion of intestine from the opened cavity of the abdomen, nor was there the slightest trace of peritoneal inflammation, or lesion of the peritoneum, in the neighbourhood of the descending colon. Immediately below the artificial opening the coats of the intestine were thickened; the mucous membrane had a granulated feel, and there existed at this part a firm, circular stricture, that would only allow of the passage of a full-sized urethra bougie. This stricture was situated eighteen inches above the anus. Below the stricture, as far as within six or seven inches of the anus, the intestine was reduced much below its natural calibre, but its coats did not exhibit any obvious alteration of structure. So great was the contraction of this part of the tube, that the tip of the forefinger was very tightly embraced by it throughout its whole extent, but by using a considerable degree of force the coats of the intestine admitted of being dilated to such a degree as to allow the forefinger to be pushed through successive portions of the tube, until it reached the upper part of the sigmoid flexure, when it was firmly arrested by the unyielding and contracted coats of the bowel; these, however, did not exhibit in the slightest degree the induration or altered structure characteristic of carcinoma.

The left pleura presented numerous recent adhesions. The bronchial mucous membrane was a little injected, particularly in the smaller ramifications. A small portion of the middle lobe of the right lung was hepatised; heart and pericardium healthy.

#### ON THE EFFECTS OF LOSS OF BLOOD.

By J. Toogood, Esq.,

Senior Surgeon to the Bridgwater Infirmary.

CASE I.—The following case illustrates, in a very striking manner, the great advantages of carrying blood-letting sometimes to a fearful extent, and the state of reaction as an effect of repeated losses of

blood:—Mrs. —, a delicate and most interesting lady, aged 24, a week or ten days after her confinement of a still-born child, was seized with pain at the lower part of the abdomen, extending to the liver; and other symptoms which indicated inflammation of the cervix uteri, together with much constitutional disturbance. The case appeared to have been mistaken in the beginning, so that it was allowed to become somewhat inveterate before the appropriate treatment was adopted. At this stage of the disease she fell under my care, when I found the uterus in so irritable and painful a state, that an examination conducted in the most gentle manner gave exquisite pain, which lasted several hours. It was treated with leeches to the hypogastrium, cupping low in the loins, hip bath, aperient medicines, strict abstinence, &c. The benefit from cupping over the sacrum was observed to be so decided, that recourse was had to this remedy twice or thrice a-week regularly. The disease seemed to be thus yielding in the most favourable manner, when the patient became suddenly, and quite unexpectedly, affected with the effects of loss of blood in a most violent form. The quantity of blood taken by cupping had frequently been twenty ounces; and too exclusive attention had been paid to the disease, the state of the constitution not being sufficiently watched. In this manner the patient became affected all at once, after being cupped, with sudden and alarming syncope; she gasped, and became convulsed, and afterwards slightly delirious. The admission of cold air, and the administration of brandy, gradually restored the patient to sensibility; but she remained exceedingly feeble. On the next morning she complained of extreme pain in the head, violent throbbing of the temples, and had slight delirium and sickness; I found the street covered with straw. During this day the pain of the head, the throbbing, and the intolerance of light and sound, had increased so much, with sickness, feverishness, and a frequent strong pulse, that I apprehended inflammation of the brain had taken place, and had actually tied up the arm for blood-letting; but the remonstrance of the patient, the history of the attack, and the recollection of some remarks on the effects of loss of blood, read some years before, happily led to the abandonment of this measure. Fortunately, both for my patient and myself, her repugnance to general bleeding prevented me from using the lancet, and so saved her life. I prescribed leeches to the temples, a blister to the nape of the neck, and a cold lotion to the head; opiates and the effervescing medicines were immediately rejected. She became much better, and earnestly requested to be allowed a little brandy, which I gave her; it obviously afforded much relief, and I began to see clearly the nature of the case. From this time light cordials, a mild diet, rest, quietude, a strict attention to the state of the bowels, constituted the treatment; and were followed by a gradual and progressive amendment. Some of the symptoms remained, however, for a considerable time. The pain in the head continued troublesome for many weeks, and a pulsatory movement in the side of the neck harassed the patient for several years. In this case the effects of the loss of blood stole on me almost imperceptibly, and I was not then aware that such symptoms, as experience has convinced me, would arise. This case has also made me attend very much to the prejudices of a patient ever since, and carefully examine whether they be well founded. In this instance I really believe my yielding to them saved the life of my patient.

I watched this case with the most intense solicitude, during this period of imminent danger, for many days and nights. Her complete recovery rewarded all my pains; and I had, moreover, the satisfaction of finding that not a vestige of the original disease remained. She soon became pregnant, and bore several children afterwards. Some years after I was called to visit her, at a distance of one hundred and fifty miles, and



found her in a sinking state, having been attacked with acute pain in the abdomen, for which she had been copiously and repeatedly bled, and she sunk under the disease and remedies.

CASE II.—Dr. Cole, aged 34, became affected with inflammation of the larynx. Having previously suffered from the same disease whilst employed on the staff in the Peninsula, he was bled freely on two successive mornings, at his own instance, by one of my pupils. In the afternoon of the second day, the disease being unsubdued, he was bled a third time, and placed in a rather inclined position on a sofa. The blood was allowed to flow until thirty-four ounces were taken. He then suddenly fell upon the floor violently convulsed, and remained for some time afterwards in such a state of syncope, as to render his recovery doubtful; being carried to bed, however, he slowly recovered under the administration of cordials. He did not suffer afterwards from the secondary effects of loss of blood.

CASE III.—*Syncope from Venesection.*—A gentleman, aged 84, robust, and unusually active for his period of life, with great energy of mind, had suffered from repeated slight attacks in the head, threatening paralysis, for which he had often been bled locally, and once or twice from the arm, and had worn a seton in the back part of the neck for several years. In December, 1841, these symptoms increased to such a degree that he fell down, and partially lost the use of his left side. Leeches were applied to the head; he was cupped, took active medicine, and lived very sparingly. No relief was obtained by these means, and as the pulse was exceedingly full, strong, and labouring, ten ounces of blood were drawn from the arm; but as this produced no change in the pulse, after an interval of half an hour, the arm was again tied up, and the blood suffered to flow until the fullness of the pulse was somewhat diminished. He was placed in a semi-erect posture, and showed no sign of faintness until after the arm was secured, and he was laid down in bed, when, after yawning twice, he had a violent convulsion, gasped two or three times, the pulse ceased, and he fell back covered with a cold sweat, and to all appearance dead. Some brandy was quickly poured down his throat, and after a short time he appeared to revive a little, but soon relapsed into an alarming state of weakness and faintness, which required the constant administration of powerful stimulants and application of warmth to keep him alive; and the event was even then very doubtful for many hours, for the pulse fluttered, the countenance remained blanched, and the surface cold and clammy, with constant restlessness extremely difficult to control, sickness, and disposition to evacuate the bowels. Notwithstanding the free use of stimulants and opium in large doses, he was only so far recovered, at the expiration of six hours, as to assure me that he would not die from the immediate loss of blood.

This case strongly illustrates the truth of the position laid down by that able physician and accurate observer, Dr. Marshall Hall, in his excellent work on the Effects of Loss of Blood. He says, "Convulsion, as an immediate effect of loss of blood, occurs when blood-letting has been inappropriately or unduly employed, and from excessive hemorrhage. It is apt to occur in cases in which the patient has been bled in a more or less recumbent position, in which the blood has flowed slowly, or in which time has been lost during the operation. In such cases much blood flows before syncope is induced—too much to be safe. When the blood flows slowly, we should be cautious how we bleed to deliquium, even in the erect posture; in the recumbent posture it is always attended with danger."

In this case the blood was drawn from the patient in a semi-erect posture; it trickled slowly down the arm, and a much larger quantity was abstracted than

I was aware of. Altogether it weighed thirty-two ounces. I have often witnessed alarming syncope, but never so frightful a case as this which did not terminate fatally. It was surprising to observe how soon the constitution accommodated itself to so great a loss, which could not have been less than fifty ounces, the patient in three days having been bled by leeches, and cupping on the two preceding ones. On the morning after the last bleeding the pulse was firm and steady, and two days afterwards he walked about his room with slight assistance.

March, 1842. Although depletion was carried to a fearful extent in this case, and much farther than was intended, it has been attended hitherto with the best effect. There has been no muffling of the speech or threatening of paralysis since. An issue has been placed in the nape of the neck, and the patient is now able to take his accustomed exercise, and return to his usual habits, observing a moderate diet, and avoiding all exciting causes.

I have always felt that, of all the remedies we employ, the lancet requires the greatest discrimination. I have witnessed the happiest effects from early and copious bleeding again totally fail when pushed to a fearful extreme, and I have often regretted its too frequent employment.

Bridgwater, March, 1842.

## ANTIDOTE TO ARSENIC.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—I beg to send you the annexed case for insertion in your excellent publication. I have inquired most minutely into every circumstance connected with it, and feel fully justified in vouching for their accuracy.

The arsenic that was taken had been lying in a paper for about a year; but I have no doubt of its being genuine, as it was obtained at the shop of Mr. Steward, of this town, and was duly labelled.

I am, Gentlemen,  
Your obedient servant,  
RICHARD CHAMBERS, M.D.

Upton-on-Severn,  
March 15, 1842.

I was hastily summoned on the morning of the 12th instant, to visit Walter Hortland, a strong, healthy boy, aged four years, who, about ten minutes previously, had eaten some bread and butter, on which had been spread (as near as I can estimate it) five grains of the white oxide of arsenic the previous evening.

He did not complain of the least suffering; and merely said that he had eaten some nice bread and sugar.

I immediately gave him the following—

Oxide of iron, three drachms;  
Soft sugar, theriaca, of each four drachms;  
Water, three drachms. To take milk to drink.

He continued quite easy till about ten o'clock, when he suffered from slight griping pains in the bowels, and was rather thirsty.

To have tepid milk and flour boiled into a thick mucilage.

Six, p.m. Continues quite comfortable.

'13. Nine, a.m. Feels rather languid. To take

Castor oil, six drachms;  
Compound tincture of cardamoms, one drachm;  
Peppermint-water, five drachms.

15. No complaint.

## ON THE CONSEQUENCES OF DEVIATIONS FROM THE PHARMACOPŒIA.

By JACOB BELL.

The ambiguities which arise in chemical nomenclature from the progress of discoveries, and the changes which, from the same cause, are introduced into pharmaceutical processes, must unavoidably occasion some temporary inconvenience when a new edition of the Pharmacopœia is published. The invention of a few new terms is attended with no disadvantage, if they involve no ambiguity in reference to the terms formerly in use; and the introduction or alteration of formulæ is unimportant, provided the name assigned to each be distinctive. But this rule not being invariably observed, it is of the highest importance that a proper understanding should exist between prescribers and dispensers, as to the precise period at which the alterations should be universally adopted.

The dispensing chemist is bound by law to obey the instructions contained in prescriptions, and to fulfil to the letter the intentions of the writer; but the medical practitioner is at liberty to use his own discretion, and to prescribe from any Pharmacopœia which he may think proper to adopt. We, therefore, find that the practice of medical men in this respect varies very much. There are some who take an interest in the introduction of new remedies, and are generally rather in advance of the times in regard to pharmaceutical improvements; while others, considering that our list of *material medica* is already sufficiently extensive, and devoting their attention more to researches strictly pathological than to chemical science, continue to prescribe from the Pharmacopœia to which they are accustomed, and with which they are satisfied, for many years after a new edition has been in use. We not unfrequently see prescriptions containing terms which have been discarded nearly half a century, and others the value and meaning of which have been changed, and which latter are evidently used with reference to their former signification. Hence the chemist frequently meets with cases in which, if he act according to law, he must violate the intentions of the prescriber. For instance, in the following prescription:—

Liq. Plumbi Acetatis, drachmam i.

Acidi Acetici, uncias v.

Aq. flor. Sambuci, uncias iij. M.

Fiat lotio.

It is evident that *acidum aceticum* is intended to imply distilled vinegar, or *diluted acetic acid*; and it had this signification in the Pharmacopœia of 1815. But, according to our present Pharmacopœia, it denotes the *strong acetic acid* which was formerly called *acidum aceticum fortius*. The *liquor ammoniæ* and *liquor ammoniæ fortius* are a parallel instance of ambiguity. When carbonate of potash and carbonate of soda are ordered in effervescing draughts, it is sometimes evident that the bi-carbonate and sesquicarbonate were intended, and the chemist is in doubt whether he ought to attend to the letter or the spirit of his instructions.

It has already been pointed out to the society that, in many instances, chemists have incurred the reputation of using worthless hydrocyanic acid, because they had employed that of the Pharmacopœia, when prescriptions had been written with reference to Scheele's standard.

In some instances changes in formulæ have been accompanied with alterations in the names by which *all ambiguity is removed*, as in the case of antimonial wine.

Vinum antimoniale (1753) is prepared by digesting an ounce of crocus of antimony in a pint and a half of mountain wine,

Liquor antimonii tartarizati (1815) is a solution of a scruple of tartarised antimony in ten ounces of wine and water.

Vinum antimonii tartarizati (1824) is a similar preparation; but an equivalent of rectified spirit is substituted for the wine.

Vinum antimonii potassio tartratis (1836) is a solution of two scruples of the potassio-tartrate of antimony in a pint of sherry.

Although these formulæ are intended to represent the same preparation, the dispenser should be acquainted with the distinction in this and other similar cases.

In the Pharmacopœia of 1815, the oil of aniseed was omitted in the *tinctura opii camphorata*, and the name of the preparation was changed to *tinctura camphoræ composita*; by which means those who preferred the old formula had only to order it under its former name. But in the Pharmacopœia of 1836, the oil of aniseed is added, and the name remains unaltered. Another ambiguity is now observed, when the word *compound* is omitted in a prescription, which is sometimes the case, as it was until lately unimportant. *Tinctura camphoræ* now means camphorated spirit, and accordingly the omission of the word *composita* perplexes the dispenser.

When *tinctura rhei* is ordered, the simple tincture of rhubarb of 1824 should be used, as the present Pharmacopœia contains no preparation under that name; *tinctura rhei composita* of course denotes the preparation of 1836, which is different from the *tinctura rhei composita* of 1824.

It is needless to multiply examples; but it should be understood as a general rule, that when an ambiguous term occurs in a prescription, it should be interpreted according to the meaning assigned to it in the last Pharmacopœia, unless the old nomenclature is adopted in other parts of the prescription, or the question involves any risk to the patient.\*

In cases where doubt exists, and the result is evidently important, application should be made to the writer of the prescription. If this rule were invariably observed, medical men would soon become familiar with all the alterations and improvements in pharmacy which are taking place, and to which their other duties preclude the possibility of their devoting so much attention as the chemist, from the nature of his occupation, habitually does.

There is another question which refers to this subject, and on which some difference of opinion exists. When it is discovered, as in the case of *acetum cantharidis*, that the preparation ordered in the Pharmacopœia is less potent than the urgency of a majority of cases would seem to demand, is a chemist justified in deviating from the formula of the college, in order to produce a more effective remedy?

If the principle of this deviation be allowed, the person who substitutes preparations of his own for formulæ ordered by the college, may, it is true, obtain the credit of superior skill, while those who are more scrupulous, and consider it their duty to obey the Pharmacopœia, are discarded on this account.

Uniformity in the preparation of medicines being the great desideratum, it is obvious that if any improvement in a recognised formula be found desirable, the fact should be made known, and until the alteration is made by authority, it should not be adopted by dispensers, unless express orders to that effect be given by the prescriber.†—*Pharmaceutical Journal*, No. 9.

\* The alteration in the pint measure is not discussed, but it is of course understood that the term *octarium* in a prescription always denotes twenty ounces.

† This rule must not be understood to apply to those cases in which the result is identical in strength and composition with the Pharmacopœia preparation, latitude to a certain extent being allowed by the college in the details and manipulations of processes.



## CASE OF TETANUS

CONSEQUENT UPON

## BURNS FROM CAUSTIC POTASH.

RECOVERY UNDER THE USE OF ASSAÆTIDA.

By T. M. MARKOE, M.D.,

House Surgeon to the New York Hospital.

John Brady, aged 32, an Irish labourer, was admitted May 22, 1841, with tetanus supervening during the cicatrization of several burns on his feet. These burns were caused by caustic potash, upon which he accidentally stepped about five weeks before his admission. The injury was principally confined to the soles of his feet, but extended up between several of his toes. The caustic acted to a considerable depth, and the sores left by the eschars had scarcely filled up when the tetanic symptoms set in. The ulcers were then rather callous, improving very slowly and without much pain. He was admitted on the fourth day of the disease. The affection had come on in a gradual manner, with at first slight pain and stiffness about the jaws, and occasionally a difficulty in swallowing. When admitted, the disease had not extended beyond the muscles of the jaws, which were firmly clenched, and could not be opened a fourth of an inch. He complained of severe pains shooting down the back of his neck and over the insertion of the temporal muscle. Any effort of swallowing, or even speaking, brought on spasm of the affected muscles, attended with great increase of pain. He complained also of pain in the abdominal muscles shooting towards the spine. His pulse is not much above the natural standard as to strength or frequency. Skin bathed in a profuse perspiration. His bowels have been disposed to be costive, though freely opened yesterday by a dose of salts. His nights have been very restless, and he has scarcely slept since the disease commenced. The feet were poulticed, and in order to give him a good night's rest he was ordered to take ten drops of solut. sulph. morph. every two hours, until sleep was produced. He took in all fifty drops, after which he passed a comfortable night, sleeping seven or eight hours.

23. Feels much more free from pain, though there is no improvement in the tetanic symptoms. He was put upon the use of assaætida, five grains every two hours, and every intermediate hour half an ounce of tinct. rhei, in order to keep his bowels free.

24. Passed a very restless night; says he feels more pain than ever about his jaws; the abdominal muscles are very tense, and he complains of great pain at the scrobiculis cordis; the spasms are more frequent and more severe; perspiration constant and very profuse; no change in the pulse. The tinct. rhei has been taken regularly every two hours, without any effect upon the bowels; he was given a common enema, which brought away an immense discharge of fæces, after which he felt much more comfortable, though without visible relaxation of the jaws.

25. No marked change. He has occasionally a disposition to opisthotonos, though not severe; profuse sweat still continues.

26. The spasms have become more frequent and severe, and attended with excessive pain. Though he has continued the tinct. rhei regularly, the bowels have not been again opened. He was ordered to take one comp. aloetic pill every other hour, instead of the rhubarb, and to continue the assaætida.

27. He seems very desponding about himself, having passed another sleepless night. The spasms are more severe and frequent, affecting the muscles of the back. Sweat very profuse, and pulse rather more feeble, though not accelerated. Allowed a little brandy milk-punch with his nourishment, and an enema given. The enema, as before, brought away a large fæcal discharge, and immediately after its operation he felt

much relieved. The jaws became so much relaxed, that he could protrude half an inch of his tongue.

28. Spasms have come on again more severe than ever; he has bitten his tongue during sleep so severely that he can scarcely swallow a drink of the thinnest gruel. As he could no longer swallow, he was given every two hours a small enema containing half an ounce of tincture of assaætida.

30. No marked improvement while awake, but it was noticed that during sleep the mouth could be opened nearly to its full extent without pain. Bowels opened every other day with an enema.

June 3. Since the last date there has been a decided improvement in his condition. The spasms are less frequent and less severe, and he complains less of pain about the umbilicus. He is able to sleep sometimes half an hour without being awakened by a convulsion. He is able now to resume the assaætida pills; injection of assaætida was, therefore, discontinued.

10. Is rapidly improving; can open his mouth at times nearly as wide as ever. The spasms have almost ceased, and are very trifling when they do occur. His appetite is good, and he begins to chew soft food without difficulty. He is able to walk a few steps without assistance. In crossing the hall, however, this morning, he stumbled upon something, and a paroxysm coming on at the time, he fell at full length perfectly stiff, striking his face against the floor, and slightly wounding his lip. This is the worst paroxysm he has had for a week, and was probably aggravated by his sudden efforts to save himself from falling.

15. No increase of disease has followed the fall, and he has continued regularly to improve. He now takes the assaætida pills only in the daytime, occasionally one or two pill. aloetic comp. He eats hearty, sleeps well, and walks about without difficulty. He has now no spasms more than occasional slight cramps. The burns are nearly healed. From this time he continued to improve, and was discharged, cured, June 30, 1841.

I may remark, in conclusion, that this is the third successive case of traumatic tetanus which, under Dr. Watson's care, has recovered under the use of assaætida. For the details of all the other cases in which his practice has been employed, see N. Y. Journ. of Med. and Surg. for Oct., 1840.—*American Journ. of Med. Sciences*, No. 4.

## FISSURE OF THE ANUS CURED BY RATANHY.

Several cases, illustrating the good effects of enemata containing ratanhy in fissure of the anus, have been published in the "Journal des Connaissances Medico-Chirurgicales." Four additional cases are related in the last number of the same journal. The characteristic sign of fissure of the anus is a fixed pain in some point round the margin of the anus; the pain is always increased during the evacuation of the bowels, and is mitigated during the intervals between each stool. In most cases the sphincter ani is so firmly contracted, that the introduction of the finger, of a canula, or even a strip of lint, gives excessive pain. When the patient goes to stool he feels a sensation of heat and scalding, followed by pulsation and lancing pains in the fundament; these occur so constantly that the patients feel a great repugnance to go to stool, are deprived of sleep, and so suffer in their general health. The fissure, when examined, commonly appears like one of those cracks which we see on the lips, or on the nipples of nurses, and generally occupies the radiating folds of the anus. The following case, selected from the four cases alluded to, illustrates the efficacy of the treatment employed by M. Trousseau:—

On the 17th of June, 1841, a woman was admitted into the Necker Hospital, six weeks after her ac-

conchement. She says that she never had piles; but an examination of the anus leads to the idea that she must have suffered from them. Whenever she goes to stool she experiences a very acute pain in the anus, followed by painful pulsations, which last eight or ten hours. On pressing with the finger over the anterior and lateral parts of the anus, no pain is occasioned; but behind, towards the coccyx, the finger occasions excessive pain, and distinguishes a fissure about seven lines in length.

A simple enema was thrown up to empty the bowels; and afterwards another enema, containing four scruples of extract of ratanhy, one of alcohol, and eight ounces of water. On the 19th the pain after each stool had diminished; the ratanhy lavement excited a little pain, but of a different kind from that produced by the fissure.

24. Pain almost entirely gone; one enema per day, instead of two, was now administered.

On the 8th of July all pain had ceased. A lavement every second day. On the 16th the patient was discharged completely cured. She promised to return to the hospital if she had any relapse, but was never seen since.

M. Bretonneau was the first who suggested the idea of treating this disease with enemata of ratanhy; since then he has modified his mode of administering the remedy, and in some cases, especially where the fissure is very deep, he keeps up a constant current in the rectum. The good effects of this latter method are illustrated by a case which occurred in the practice of M. Bretonneau. A lady had been treated by the ratanhy lavements in the usual way, and for a considerable time, without any benefit. Her medical attendant now wrote to M. Bretonneau, who recommended the constant current to be kept up; after the fourth day all pain had ceased, and the lady was cured in eight days.

## PROVINCIAL

## MEDICAL & SURGICAL JOURNAL

SATURDAY, MARCH 19, 1842.

It is now some time since that restless desire for change which occasionally arises, and has of late been felt in all the institutions of this country, has shown itself also among the members of the medical profession. The state, the commonwealth of trade, the republic of science, severally in their turns suffer from the workings of this spirit, which, however it may ultimately conduce to beneficial ends, generates much contention, and much immediate evil, before the good anticipated and sought for can possibly be obtained. Civilisation and the recognition and definition of social and individual rights are progressive. The laws and regulations, therefore, which are fitting for one period, leaving out of the question the abuses which negligence and interested motives are ever generating, are in themselves not equally well adapted to that which succeeds. The relations in which we stand to each other, and to the general community, are constantly varying; new wants arise, while some of those which at one time were felt, and required to be provided for, are now no longer of the same pressing importance. Changes, therefore, calculated to

meet these variations of circumstances, are from time to time demanded; and when these can no longer be with advantage dispensed with, the necessity for what is called reform exists.

No term has been more abused, to whatever object it has been applied, than the term reform. It has been tormented and twisted under the hands of those that employ it, and those that eschew it, until the very idea which it originally conveyed has been lost sight of. Reform, in its correct sense, is the remodelling of institutions, the value of which has been admitted and felt, the removal from these of what is obsolete and injurious to their efficiency, and the adding to them what is required to fit them, under altered circumstances, for the purposes for which they were originally designed, and for others to which they may be made subservient with advantage. No prudent man dreams of razing to the foundation the house which he has inherited from his ancestors, simply because the roof may admit the rain, or his library may have become more extensive than the apartment allotted to it will conveniently contain. He contents himself with having the roof properly repaired, or with making such alterations or addition to the original building as is requisite for the occasion. If he be a man of sound judgment and correct taste, he will also take care that the changes introduced shall accord with the character of the general structure. He will not superimpose a Gothic roof upon a Grecian building, nor will he append a wing to contain his library built in the Tuscan or Doric style of architecture, when the general construction of the house belongs to the Elizabethan period.

Extensive change is always to be deprecated. It is an evil under any circumstances, and can only be tolerated because to remain as we are is a greater evil. When it becomes necessary, therefore—when reform is really called for, though, from the varying circumstances attendant upon progressive civilisation, and a highly artificial state of society, we cannot hope to attain to finality—it should be an object to come so near to what our wants demand as to render it unnecessary soon to have recourse to fresh changes, to renewed agitation, before the merits of those which have been made can become fully appreciated. In remodelling, therefore, our medical institutions, we would by no means level them with the dust. They contain, as we believe, much that is valuable, and, as being of long-tried utility, to be touched with a cautious hand. Our object is rather to remove from them the parasitical excrescences with which time has invested them, to restore them in part to their original integrity, to render them better fitted to fulfil the purposes for which they were originally formed, and so to modify them, by the introduction of new regulations, as to extend their usefulness, and to prevent the recurrence of those abuses which now disfigure them, and impair their efficiency.

If we had to give for the first time a form and substance to the medical polity, to call the whole superstructure into being, it would be well, perhaps, to take a wider view, and to embrace within the limits



of one entire faculty everything bearing upon the rights and government of the medical profession. This, however, is not the case; we have already existing universities, colleges, and schools, in which have been enrolled the brightest names which adorn the annals of medicine; we have corporate institutions, through which, notwithstanding gross injustice and exclusiveness, much good has been effected; we have certain grades established originally by public requirement, and now generally recognised. In any rational plan of reform, therefore, to overlook these several elements is impossible, while the attempt would only expose us to the reproach of being speculative and visionary, and tend to deprive us of that influence which, as a body, we would fain hope the medical profession really possesses. Whatever the proposed government measure may be, therefore, we earnestly hope that all classes of reformers, and that the associations generally, will unite not so much to oppose its general principle as to improve its details, and bring them into accordance with the general institutions of the country. It is comparatively of little consequence whether there is one general faculty, or three faculties with a general council to preside over the profession; but it is of the first importance that the several councils should be elective, and that the election should rest, not with a self-selected few, but either with the whole body of the members of the faculty, or of the several faculties, or with such of them as have attained to a certain standing of seniority. It is of the first importance, also, that due protection should be afforded to every medical practitioner in the exercise of his individual right to practice—that the unlicensed and unqualified should be excluded from practice, through the operation of sufficient penalties levied by a summary process, and that the qualification should be equalised and defined. These are practical points, and ought to be strenuously contended for by every means in our power. The speculative question of one or three or more faculties may be left to take care of itself; for whatever the course of events may ultimately bring forth, whether it be desirable or otherwise, we may rest fully assured that to carry such a measure as the incorporation of the whole body of the profession into one faculty is, under existing circumstances, impracticable.

The main object of those who desire to see the medical profession efficiently organised, and its institutions rendered extensively useful, should be to press the really practical points upon the attention of the government, and the members of either House of Parliament. Let memorials be drawn up, pointing out the injuries which are daily experienced through the encouragement and protection afforded to the unqualified, while those who, by education and study, are well fitted to undertake the cure of disease, are subjected to prosecution and penalty, at the option of certain of the medical corporate bodies. Let the exclusiveness, irresponsibility, and unequal dealings of these corporations be made known, and their insufficiency for the purposes of protection, either to the public or to their own members, be satisfactorily

shown. Let it be shown, also, that the members of the medical profession are entitled, by their education and general intelligence, to something more than a mere nominal share in the election of those who are to preside over their councils, and that there exists no sufficient reason why the same liberal principles which are recognised in the general institutions of the country, should not also be recognised in those devoted more especially to medical purposes.

Memorials embodying these principles should be adopted by the several associations and branch associations, and in large towns and other populous localities, and presented to the government, before the bill announced by the Home Secretary shall be introduced into the House of Commons; and when the bill is introduced, should its provisions prove unsatisfactory—which, if it at all resemble what has been put forth in the "Medical Gazette," will be eminently the case—every exertion should be made to induce influential members of Parliament to alter and amend the measure, so as to render it as perfect as the circumstances will admit of.

We could have wished the intended bill had been framed altogether under different auspices, and that the Home Secretary had really held communication, as he professes to have done, with those best fitted to instruct him in the requirements of the profession at large. It is to be feared, however, that such is not the case, and that he has been misled into the error of supposing that the small number of physicians and surgeons composing the metropolitan boards are competent to express the sentiments of the great body of the profession throughout the country. We hope we may be mistaken in this supposition, but we have not heard that any inquiries have been made—any evidence sought—either from individuals known to entertain enlightened views, or from institutions representing the opinions of the profession. It behoves us, therefore, to be prepared for the worst, and, having made every preliminary exertion to undeceive the government, by firm and temperate memorials, pointing out the only principles upon which such a measure as the one contemplated can be generally acceptable, and to instruct members of Parliament as to the nature of what is really required to give a fitting organisation to the medical profession; to consider the line of conduct proper to be adopted, should the provisions of the bill prove as objectionable as there is reason to fear they may. Two modes would seem to be open to us; the one is to endeavour to procure the rejection of the bill altogether, which, considering that it is to be introduced under the direct auspices of the government, we hold to be futile; the other, the endeavour to obtain the modifications necessary to render it such as we may accept without disadvantage to the public interest and discredit to the honour and respectability of the profession.

It will, however, be time enough to take the proper steps for the attainment of these ends when we are better informed of the nature of the measure than we are willing to suppose ourselves to be through the would-be official medium of the "Medical Gazette."

Neither the head of her Majesty's government nor the Home Secretary can, in the introduction of the measure, have any other object in view than what they deem to be the general good, and we can scarcely think that they will be so short-sighted as to be satisfied with a purely one-sided view, or so unjust as to attempt to force on the profession at large an irresponsible oligarchy, which can neither possess the confidence, nor protect the interests of those over whom they are to preside.

### REVIEW.

*On the Treatment of Stone in the Bladder, by Medical and Mechanical Means.* By R. WILLIS, MD.  
London: Bailliere, 1842. 8vo, pp. 183.

It is somewhat singular that the detractors of Civiale, after the utter failure of their attempts to assail his reputation in France, should have found a refuge and a mouth-piece in a man of Dr. Willis's standing in the profession. But so it is; and the ten times refuted absurdities of a pack of envious teazers, who had formerly hung on the flanks of this eminently practical innovator, have had the gratification of seeing their ill-nature and spite served up in the form of an insipid *rechauffé* for the English palate.

Our author might have been employed more worthily and more usefully. But if the step he has taken was doubtful in regard to matters of a personal nature, how much more questionable does it become when he ventures to pass judgment on details of practice! We recollect, some years ago, asking M. Chomel what he thought of a work just then published by a young physician. He replied, "Before I consider a man entitled to have an opinion, I must know the extent of opportunity which he has had for forming one." Yet the Doctor, nothing daunted, votes lithotripsy a bore, and proposes, on the slender basis of a single case, to reinstall lithotomy, which he tries to render as seductive as possible; no more bands, no bistouries, no gorgets—cutting or blunt—only one delicate, pretty little blade, to cut a button-hole in the mesial line, and sponge and forceps to do the rest!!!

This, to be sure, is very charming on paper; but why have any operation at all? Has not Dr. Petit discovered an *aqua mirabilis* in Vichy?

The revival of the operation of Marianus Sanctus is, indeed, so little of a novelty, that we are much puzzled at Dr. Willis's assertion, that Sir A. Cooper looked forward with longing aspirations to its re-establishment under some benign modification. But why did our great master in surgery direct his mental vision to the future? Few there were in his time less given to theorising, and there were also few who had more ample opportunities of testing the practical results of any operation which his fertile mind had conceived for the benefit of humanity. Cooper knew too well the evils of those lacerations—softly called dilatations—of the prostate gland, more especially when chronically inflamed, or enlarged, to hazard such a doctrine; and the advantages of clean incisions, so much advocated by modern surgeons, are not likely to be laid aside for any modification of the Marian plan, even though recommended by a name sounding somewhat like

ecstasy. Patients will choose for themselves, and we are much mistaken if they will not prefer the momentary sittings of the *practised* lithotritist, even though they must be repeated frequently, to any form of *ecstasy*, in which knives, wedges, and forceps have a part to play. Nor are we so hard-hearted as to find fault with them for their preferring the enjoyment of a "whole skin." There is, moreover, another ground of demurrer against "The Ecstasy," which is, that though it might prove comparatively safe in cases where the parts are sound, and the stone small, still here it is not to be put on a level with lithotripsy, which, in such cases, when performed by expert hands, inflicts but little pain, and is perfectly triumphant.

With one qualification, however, we do not differ widely from Dr. Willis in the estimate he makes of lithotripsy; but this qualification is important. It is, we believe, quite true that much misery has been inflicted, and much mischief effected, by the extensive recourse which has been had to lithotripsy, of late years, by persons not familiar either with the delicate manœuvres of the operation, or the mechanism of the instruments employed. To judge lithotripsy by the experience of the unskilled, would be subjecting it to a test which would be equally fatal to any of the great operations of surgery, and this is what our author has done. For this, however, it would be wrong to treat him with too much severity; a professed lithotritist would not be admitted into any of our hospitals on such a footing as would ensure constant opportunities to pupils and practitioners of studying the proper execution of the operation and its results. "Vested interests" have opposed such an arrangement, and the funds subscribed for a lithotripsy hospital have not received their primitive destination.

In hands familiar with the details of the operation, and the instruments employed, and capable of conducting its steps with due precaution, and limiting its duration to a very brief period, lithotripsy constitutes one of the most important improvements in modern surgery. But only reverse these conditions, and it becomes a scourge. We have ourselves, in our mind's eye, a case in which an attempt to perform lithotripsy was uselessly persevered in for three quarters of an hour. The patient was reduced to a state of great danger. He was afterwards relieved of a stone in a series of sittings, none of which was persevered in beyond twenty seconds. "Look at that picture, and on this."

Dr. Willis is incapable of slandering any man; he has been deceived, and he estimates lithotripsy upon the deplorable bungling of operation-seekers. Before he again sanctions the currency of erroneous opinions, with the authority of his name, we would advise him to ask Mr. Costello for opportunities of seeing the performance of lithotripsy. He will, we answer for it, alter his opinion, when he witnesses sittings performed in seconds, and results, of which neither the operator nor the operation need have any reason to be ashamed. He will then also be convinced, that a masterly performance, resting on experience and natural tact, is necessary not merely to success, but even to safety, and that unless the operator possess both these, his attempts will only lead to distress and disappointment.



Mr. Costello has not for many years published any of his cases, and we think he is to some extent chargeable with the false estimate of lithotripsy now made in this country. We do not consider his professional occupations or his great literary undertaking any sufficient excuse for his silence. He is bound, to the extent of his means, to set the public right on this point. We would, therefore, hope that the publication of this book will suggest to him the propriety of breaking a silence, which, if longer persevered in, would justly subject him to the imputation of indifference, or something worse.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

March, 8, 1842.

*On a Variety of False Aneurism.* By R. LISTON, Esq., Surgeon to University College Hospital.

The author's attention has lately been particularly directed to the subject of the communication between large blood-vessels and the cysts of abscesses, in consequence of a remarkable case which he lately met with, where the carotid artery opened into a large abscess in the neck.

CASE.—J. A., aged 9, suffered from severe illness about six years ago, by which he was left in a very reduced state; two months back he had a violent cough, accompanied with fever, and at this time a *small swelling* was first observed in the neck immediately below the right ear. This swelling increased slowly until within three or four days of his reception into the North London Hospital, on the 20th October, 1841, when its progress had become more rapid and irregular. At the date mentioned there was observed a tumour, extending from the angle of the jaw on the right side downwards to within an inch of the clavicle; backwards to the posterior edge of the sterno-cleido-mastoides muscle, which it raised; and forwards to about midway between the angle of the jaw and the chin. The tumour, further, projected inwards into the mouth, between the arches of the palate, and materially impeded both deglutition and respiration. Indistinct fluctuation could be felt in the tumour, and there was slight pulsation in it, immediately over the course of the carotid artery; but on grasping the sides of the tumour, and examining it from the mouth, no pulsation could be felt.

A small puncture was made into the tumour, under the impression that it contained matter; but a gush of arterial blood followed the bistoury, and about four ounces were lost in a few seconds. The puncture was readily closed by hair lip pins and twisted suture, and the bleeding checked. I resolved on tying the carotid artery next day.

No hæmorrhage occurred in the course of the ensuing night, but the tumour was tense, and had been kept covered with a cold lotion. On proceeding to the operation, an incision about an inch and a half in length was made transversely over the sternal end of the clavicle, and another upwards, and at right angles to the first one, and in the line of the trachea, by which an angular flap was formed, and turned upwards and outwards. The sternal attachment of the sterno-mastoides being exposed, was cut through; the sterno-hyoides and sterno-thyroides were next exposed, after some dissection, and divided; at length the carotid was exposed a little above its origin from the innominate, and tied. The whole difficulty of the operation arose from the necessary smallness of the external incision; the tumour projected so low down into the neck, that it was impossible to procure space by extending the incision upwards, and the artery,

which lay at a great depth from the surface, had to be sought for at the bottom of a small hole. The flap was laid down, and retained by some isinglass plaster. The boy complained very little after the operation; the swelling became smaller and firmer, and the movements of the jaw, which before were much restricted, were now more free and less painful. The pupil of the right eye, which had been contracted and only partially sensible to light, was now restored to its proper functions. The patient slept soundly through the night following the operation.

The pins and twisted sutures were removed on the 25th, and strips of isinglass plaster applied instead. On the 28th some grumous blood escaped from the opening in the tumour. The patient was cheerful and happy. Things went on prosperously, the tumour diminishing in size, till the afternoon of the 3rd of November, when a sudden gush of arterial blood took place from the wound in the fore part of the neck, the ligature being still firm. The hæmorrhage was arrested for the moment, by plugging the wound with lint; but a considerable quantity of blood was lost. Hæmorrhage returned six times after this, and the patient finally sunk in a state of collapse, forty-eight hours after the first occurrence of the bleeding.

On examination, the ligature was found to have been placed close to the origin of the carotid from the innominate. It was not completely separated, a small portion of the external side of the artery still remaining entire. There had been no attempt at the formation of a clot, or if any had been formed, it must have been expelled with the blood.

The appearances of the tumour, are most minutely described by the author, as are also the relation of the vessels to the cyst, and the condition of the opening of communication between the carotid artery and the latter. It would be impossible to do justice to these details in the space of a short abstract; suffice it to say, that the author feels himself warranted in deducing, from the examination of the parts, the conclusion that the disease was originally a chronic abscess of a scrofulous character, and that the opening into the artery was consequent upon ulceration from without. The preparation of the parts, together with two drawings made from them in a recent state, were exhibited to the meeting.

The author relates, in confirmation of his view, the details of three other cases derived from the practice of himself and others, in which large arteries in the neighbourhood of abscesses were opened by ulceration.

[The debate which followed the reading of this case is reported in our last number.]

### WESTMINSTER MEDICAL SOCIETY

March 12, 1842.

Dr. GOLDING BIRD, President.

FUNGUS HÆMATODES.—MUSKET BALL IMBEDDED IN THE SALIVARY GLANDS.—STRUCTURE, GROWTH, AND ABNORMAL POSITIONS OF THE UMBILICAL CHORD.

Mr. B. W. HOLT narrated the particulars of a case of fungus hæmatodes, affecting the external condyle of the femur and adjacent parts. The patient was a female, aged 14, and the disease ran its course in about four months. It began with a small red spot, which gradually increased in size as the tumour enlarged. Mr. White was consulted, and he passed a needle into its most dependent part, when about half a wineglass-full of a brown sanious fluid escaped; poultices had been applied over the tumour, and they were ordered to be continued, and the hydriodate of potash was given internally. No benefit, however, resulted from these measures, and Sir Benjamin Brodie was con-



sulted upon the case. He gave his opinion that amputation was the only thing to be done, but at the same time held out no hope whatever of a cure being effected; under these circumstances Mr. White would not allow amputation to be performed. Shortly afterwards the skin covering the tumour became of a dark brown colour, and gave way, and a profuse sloughing discharge was set up; fungous granulations arose, but the patient soon sunk, worn out by the debilitating effects of the disease. A preparation of the diseased parts was upon the table. The superior and posterior surfaces of the outer condyle of the femur were completely destroyed by the ravages of the disease; and above this was an abnormal osseous growth, apparently arising from and connected by the periosteum to the posterior surface of the femur, so that two distinct morbid actions were in progress at one and the same time in this case, which, though terminating fatally, yet possessed many points of interest.

In answer to a question addressed to him by the President, Mr. Holt stated that there were no appearances of this malignant disease having attacked any other organ of the body.

Mr. FISHER exhibited a ball which he had recently extracted from the neck of a soldier, who served in the Spanish legion. It had entered through the jaw bone, and had become imbedded among the salivary glands, where it had remained for a period of near seven years. There was a deposit of phosphate of lime upon the ball, caused, most probably, by its having been impacted for so long a time among the salivary glands. The patient's tongue was now curled up towards the roof of his mouth, and he had lost all feeling in the lower jaw, but his taste was unimpaired, and there was no fistulous orifice remaining.

The PRESIDENT now called upon Mr. Streeter to bring forward his observations upon the umbilical chord.

Mr. STREETER said that he had not reduced his observations to writing, as the subject on which he was about to make some remarks, was one that could be elucidated by mere verbal description. There was no point more commonly remarked upon, than that he who would be a good and sound practitioner must be a good physiologist, and this had been proved to be true from the days of Hunter, to the time of Sir Astley Cooper. When any inquirer in medical science arrived at a new step in the knowledge of his profession, it was his duty to communicate it. Having recently met with a case of prolapsus of the funis, at that stage of labour when the os uteri was scarcely larger than a shilling, he took the opportunity of verifying the number of pulsations of the fetal chord, and of ascertaining whether Dr. Hamilton's statement respecting the slow pulse of the fœtus was correct; he found the mother's pulse to be under 100, whilst that of the fœtus was 120. The chord was coiled; he drew it down, but it retracted; this he repeated several times, and always with a similar result. He endeavoured to return it within the os uteri, but was unable to do so. The dilatation of the os uteri progressed slowly, the pulsation in the chord ceased, and the child was born dead. In reflecting further upon this subject he was induced to make some inquiries as to why, from the length of the funis, it did not more generally prolapse. In looking to the structure of the chord he found that it was longer in the human fœtus than in any other animal, nor had he found that in animals the arteries of the chord were tortuous in their course. He believed that it was from the coiling up of the arteries in the chord that its twisted state was frequently caused, and when loose it was consequently coiled. The gravity of the chord was not greater than that of the whole body of the liquor amnii, the head carried down the chord, and the coil lifted it up out of harm's way. If the coil of the chord be looped, it did not generally descend below the head; but if it be long, it passed downwards, and formed those knots in the

chord which are occasionally met with. There was a plate representing this rare phenomenon in Moreau's Series of Obstetric Drawings, and there was a preparation of a similar kind in the museum of University College. The coil of the fetal chord was sometimes carried over the limbs of the fœtus, and left an impression upon them; this fact was illustrated in that portion of the article *Fœtus*, relating to the amputation of the limbs in utero, written by Dr. Montgomery, in the "Cyclopædia of Surgery." The fetal chord was composed of two arteries and one vein, with the omphalo-mesenteric vessels and urachus. The proper vessels supposed to belong to the chord had been injected, and they had been supposed to have a covering from the chorion, which was not the fact; their proper covering was from the amnion. In the earliest stage of fetal development the chord formed a connecting link between the umbilical vesicle and the fœtus; at a later period it became a part analogous to the alantois of the chick; and at a more advanced stage of fetal growth, arteries proceeding from the fœtus, reached the chorion, and formed the ultimate structures of the chord. But how did these vessels of the chord become coiled? It was found that, where there was an increasing resistance, the arteries became tortuous, but the fœtus floated, and was capable of moving round, and this was the first cause of coil in these vessels, and as the fœtus increased in growth, and became less movable, there was met with every variety of coil of artery around vein, and vein around artery. In a specimen of lymphatics of the chord, injected by Sir Astley Cooper, there appeared to be more lymphatics than any other structure, a fact on which he did not place much credit. The length of the fetal chord varied greatly; it might in some cases be only twelve inches, whilst in others it had been as long as forty-three inches, and in some rare cases had extended to fifty-four inches; he believed that a short chord was rarely met with. The earliest age at which he had noticed the coil in the chord was at the fourth month, but he believed that it might occur at an earlier period than this; Mr. Hughes had informed him of one case in which the chord was coiled around the arm and neck as early as the fourth month. Prolapsus of the chord was a rare occurrence; according to the best statistical data, it would appear to occur 199 times in 37,474 cases, or 1 in 200. There were two kinds of prolapsus of the chord; one where it became entangled below the head, and could not be passed up; and one where, having been above the head, it was forced down by the gush and escape of the waters; and this latter event might frequently occur. He had only met with two cases of the kind, and in one of these, there was a deformity of the pelvis; in the treatment of such cases, much would depend on the period of labour at which the prolapsus had occurred. Plugging the parts had sometimes been employed with success; but where the head was impacted, it was useless to attempt to return it. Version had been employed in such cases by some continental practitioners; and the result had been, that in one case in fifteen the mother had died, and in one case in three the child had been sacrificed; he should not consider himself justified in endangering the life of the mother in this manner. Sometimes, in these cases, the funis had been passed into the sacro-sciatic notch; he considered the hand the best instrument to be used in these cases, and that all other mechanical means should be avoided. If he were called to a case of prolapsus funis, he should first try if by twisting the chord he could return it as in a case of hernia; but all treatment must be modified according to the particular circumstances of the case. It had been stated that the late Sir R. Croft had, in some cases, been able to carry up the chord and coil it around the limbs of the fœtus; but he had not heard what had been the peculiar presentations in these cases. Mr. Gifford had re-



ported twenty-three cases of protrusion of the funis, and in nineteen of these the children were dead, and in many of them the chord was pulseless.

Dr. JAMES REID had never met with a case of twisted chord in prolapsus. Occasionally, in rapid labours, he had noticed the twisting of the chord, and in performing version he had felt the same within the womb. Great variety of opinion was entertained relative to the twisting of the vessels of the chord; Velpeau ascribed it to the motions of the child, but the arteries being longer than the vein, it was necessary that they should be twisted in order that they might be contained in the umbilical sheath.

Mr. STREETER did not believe that the coil of the arteries of the chord ceased when pulsation ceased; when once the chord was coiled it retained it. When the arteries and vein of the chord could be first distinguished, they were of an equal length; this was opposed to the theory of the length of the arteries being a cause of their coil. He should be glad to know if any gentleman present could refer to the relative frequency of death of the child from prolapsus of the chord, accompanied with varying presentations. He considered that the statistics of midwifery were generally deficient in minute details. He should always date every improvement in midwifery from the period when good and accurate midwifery reports were published. He begged to draw the attention of the members present to a foetal preparation, put into his hand by Dr. Chowne, in which the chord was coiled around the neck at as early a period as the eleventh week.

Dr. CHOWNE considered that the subject brought forward by Mr. Streeter was an interesting one, whether viewed in a physiological or practical point of view. He considered it to be a singular circumstance that the funis presented so rarely; the theory of Mr. Streeter was a new and valuable one. His own experience would lead him to the belief that, where the child was alive, the funis rarely descended; but, where the child was dead, the presentation of the funis was a common occurrence; the rush of the liquor amnii downwards would tend to produce descent of the funis. He believed that a short funis tended to the production of a tedious labour. Where the head of the child receded much at the termination of a pain, it was generally found that the funis was short, and the placenta attached to the fundus uteri; in such cases as these he never hastened the labour, as it might produce premature placental discharge or inversion of the uterus. With respect to the treatment of protruded funis, pressure might be made upon it by a soft bag to facilitate its return, but he could not approve of such treatment; the operation of turning was improper, as nothing was gained by it, as the head and funis must even then be brought into contact; and it was necessary, in such cases, to weigh well all the symptoms present before any steps were taken to remedy so trifling, yet so important a deviation.

Several observations were then offered by members present, after which the society adjourned.

#### PATHOLOGICAL SOCIETY OF BIRMINGHAM AND THE MIDLAND COUNTIES.

At a meeting of medical gentlemen at the Waterloo Rooms, on the 8th of January, 1842, J. K. Booth, Esq., M.D., in the chair, this society\* was formed, and the following laws were passed:—

1. The society shall be denominated "The Pathological Society of Birmingham and the Midland Counties," and shall have for its object the cultivation of pathological anatomy, particularly with respect to the diagnosis and treatment of disease.

\* The society now consists of upwards of eighty members.

2. That the society shall meet on the first Saturday in February, 1842, and shall continue to do so on the first Saturday in every month, at half-past six o'clock, p.m., precisely, and shall conclude on each evening not later than ten o'clock; at which meetings recent and prepared specimens of morbid anatomy, casts, and drawings, may be exhibited, accompanied with a description.

3. That the society shall have no claim upon any specimen presented; that all specimens shall be delivered at the place of meeting of the society by the person presenting them, and be taken from thence without any expense to the society, and shall be removed immediately after the meeting.

4. That accurate registrations of the specimens presented, and full reports of the proceedings of the society, shall be prepared and kept by the secretaries.

5. That each member of the society shall be permitted to introduce three visitors, so as to give students the advantage of being present at the meetings of the society; the names of the visitors shall be entered in a book kept for that purpose; visitors, however, cannot enter until after the private business is transacted, and members are requested to confine their admissions to gentlemen connected with the medical profession.

6. That any member, having a specimen to present, shall give notice thereof to the secretaries some time before the meeting; any person who is not a member, having a specimen to present, shall be allowed to do so through the medium of the secretaries.

7. That the society shall consist of members, two secretaries, and a treasurer, from whom a president shall be elected at each meeting.

8. That the secretaries and treasurer shall be elected annually by ballot, at the meeting in December, for the succeeding year.

9. That the first half hour of each meeting shall be devoted to the management of the affairs of the society, of which separate minutes shall be kept by the secretaries; and if there be more *private business* than can be arranged in the half hour specified, the members present shall have the power of adjourning it.

10. That no person shall be admissible as a member who has not a legal qualification to practice the medical profession.

11. That any person wishing to become a member of the society shall give notice *in writing* to one of the secretaries, and must be proposed by two members at one meeting of the society, and ballotted for at the next; at both meetings the president shall announce the name of the candidate from the chair, and he shall be ballotted for during that part of the evening devoted to private business; one black ball in four shall reject.

12. That each member of the society shall pay ten shillings and sixpence per annum, in advance, to the treasurer, who shall furnish, at the meeting in January, an annual report of the expenditure of the society, and also a record of the specimens, casts, and drawings, which may have been exhibited during the year, as well as an alphabetical list of the members.

13. That every member shall be considered liable to the payment of his subscription, unless he shall have given notice of his resignation, in writing, to the secretaries, previous to the meeting in December; otherwise payment of his subscription shall then become due, in advance for the succeeding year.

14. That three months' notice shall be given, in writing, and read from the chair at each meeting, previous to any proposed alteration in, or addition to, the laws of the society. All such questions shall be determined by ballot, and no alteration or addition shall be made, unless by consent of three-fourths of the members present.

Bell Fletcher, M.D., and D. W. Crompton, Esq., were elected the secretaries for the year 1842; and W. H. Partridge, Esq., Newhall-street, Birmingham, treasurer Proposed by Joseph Hodgson, Esq., seconded by



Dr. Fletcher, "That the best thanks of the meeting be given to Dr. Booth for his kindness in taking the chair, and for his great attention to the business of the evening." Carried unanimously.

MEETING OF THE SOCIETY.

Feb. 5, 1842.

BOYEN VAUX, Esq., in the Chair.

Dr. MELSON brought before the notice of the society, a specimen of

*Narrowing of the Left Auriculo-Ventricular Orifice, with Rigidity of the Mitral Valve, and Hypertrophy of the Right Side of the Heart,*

which he thought highly illustrative of Dr. Watson's position with reference to the dependence of dropsical effusion and pulmonary hæmorrhage upon such a condition of disease. In this patient there was prominence and increased space of dulness in the region of the heart; dyspnoea on the least exertion; the countenance congested, and the lips violet; and a loud *bruit de rape* was audible on the left side and lower part of the region of the heart, in its greatest intensity. The general symptoms of the disease were those of impediment of circulation through the lungs and heart. No cause could be assigned to this disease; the patient was only 15 years of age, and his parents firmly stated that he had never suffered from rheumatism.

Dr. FLETCHER then exhibited to the society

*A Piece of Fungoid, Lardaceous Tumour, and Lung with its Bronchus and Blood-vessels,*

by which was shown the nature of the tumour, the effects of compression caused by it upon the lung, and the manner in which it had dissected that viscus from its bronchus and blood-vessels, which passed through the substance of the tumour in their course to and from the lung; to show this clearly, worsteds of different colours had been passed through the different blood-vessels and bronchi. The descending vena cava also was seen passing through, and very much compressed by the tumour, which had caused œdema of the head, face, and upper extremities, during life. This case (Dr. Fletcher said) was very remarkable for the many points of similarity it bore to empyema; in its history it exactly corresponded to a case of pleuritis, which had terminated in effusion. Until he had been exposed to cold and damp, the patient was quite in health; pain in the side, fever, thirst, and difficulty of breathing supervened upon this, and had, more or less, continued ever since. On examination, one side of the chest was found dull on percussion, and void of respiratory sounds; this side was, however, contracted, and the patient could not lie on the side affected; the latter point being one which is not noted in cases of effusion of fluid into one of the cavities of the pleura, Dr. Fletcher thought sufficient to distinguish empyema from disease of the lung, or tumour developed in the cavity of the pleura.

Dr. FLETCHER then brought forward a specimen of

*Stricture of the Inferior Portion of the Ilium,*

a loop of which had passed through a foramen situated in a band which extended from the root of the mesentery to the right internal inguinal ring, connected in its formation in some way with the descent of the testicle. In the loop, as well as in the whole course of the intestine above the stricture, and about four inches below, the intestine was much dilated; below which, as well as in the cœcum and colon, it was much contracted. In the inferior portion of the loop of intestines, and in the dilated portion below the stricture, there were several contractions, and hard imperfect septa by which the canal of the intestine was contracted in its capacity, and rendered very tortuous and irregular; and so, by twisting about, was in its course about three times as long as the intestine measured externally.

The septa appeared to have been formed by the intestines having been strictured in those situations at some time previous. The cavity of the tunica vaginalis extended up the anterior part of the band before the foramen, through which the loop of intestine had passed. The vessels of the cord, and the vas deferens pass behind this foramen.

## ACADEMY OF SCIENCES, PARIS.

March 7.

M. DONNÉ ON THE BLOOD GLOBULES.

M. Donné read a memoir on this subject, of which the following are the conclusions:—

The blood contains three species of globules; 1st, the red or blood globules, properly so called; 2nd, the white globules; and 3rd, the globules of chyle.

The red globules are flat in the blood of all animals; in mammalia they are circular; in birds, fishes, and reptiles they are elliptical. The latter are the only ones in which we can demonstrate the existence of a solid central point; the circular globules do not contain any nucleus. When the blood globules are placed in contact with water they assume the spherical form, and this accounts for the ancient ideas relative to their shape. In mammalia the globules are soluble in acetic acid, and leave no residue; in the other classes of animals they are only partially soluble in this acid, for the nucleus resists its action; but every species of globule is soluble in ammonia and insoluble in nitric acid.

The anomaly pointed out with respect to the blood of the female camel is apparent, not real; it affects the form only, and not the structure, which latter is exactly the same as that of the globules in other mammalia.

The white globules are colourless, spherical, slightly fimbriated all round, and, as it were, granular; they exist in the blood of all animals, and may be seen circulating with that fluid in the vessels; they are much more numerous than has been thought, are broken up in water, and dissolved by ammonia; they contract under the action of nitric acid, and seem to be formed by a vesicle containing three or four solid granules.

The chyle globules are small granular bodies analogous to those of the chyle, and having a diameter not exceeding the three-hundredth part of a millimetre.

Of the origin, formation, and use of the globules, M. Donné gives the following account:—

They are not all identically the same, nor at the same degree of development; they are not all acted on in the same way by chemical reagents, and the different properties which they possess indicate various degrees of formation.

The chyle globules are merely the globules of chyle which have passed from the absorbent into the circulating system. They unite in groups of three or four, and as they circulate become enveloped in a layer of albumen; they now become changed into white globules. The latter, once formed, gradually change in appearance; they become flat, coloured, and the internal nucleus is either dissolved, or assumes a homogeneous appearance; thus they insensibly change into red globules. The red globules themselves have only a fleeting existence; after a certain time they become dissolved in the general mass, and constitute the liquor sanguinis (*Ruide sanguine*), properly so called.

Certain substances are capable of being changed immediately into blood globules, by contact with the blood. Milk possesses this property in a high degree. On injecting milk, in certain proportions, into the blood of animals, we can follow them through the circulating system and observe the changes which they undergo. Now experiments show that the globules of milk injected into the vessels are transformed into blood globules, in the same way that the chyle glo-



bules are changed into white globules, and the latter transformed into red. The spleen seems to be the organ in which this change takes place; at least, it is in the spleen that we find the greatest number of globules, in every stage of development. On examining the circulation in the most vascular organs, it is impossible to discover any trace of blood globules, exuding from their vessels, to combine with the organs or organic elements; but the fluid part of the blood transudes through the walls of the vessels, and this is probably the fluid which is essentially connected with organisation.

Finally, young animals nourished with any other substance than their mother's milk, grow up less perfectly than those which are, and an imperfect nutriment may be carried so far as to alter sensibly the form and nature of the blood globules.

## ROYAL ACADEMY OF MEDICINE.

*March 8.*

### CROUP IN THE ADULT.

M. Huguier presented the larynx, &c., of a female who had died of croup. The woman was 24 years of age, and the disease was unaccompanied by the cough peculiar to croup; the only symptoms present were aphonia and the hissing respiratory sound. The patient died suddenly in forty hours from the commencement of the attack, without any signs of asphyxia, suffocation, or lividity of the countenance.

On examination, after death, false membranes were found lining the amygdalæ, the pharynx, larynx, trachea, and upper divisions of the bronchi. The right cavities of the heart contained fibrous clots, which adhered firmly to the walls of the heart, and sent off various prolongations between the carnea columnæ and into the pulmonary artery. The author seems inclined to attribute the sudden death of the patient to the coagulation of blood in the heart.

### CHRONIC GLANDERS IN THE HUMAN SUBJECT.

M. Ambroise Tardieu, hospital intern, exhibited the nasal fossæ of a man who died at la Charité from chronic glanders. The man had exercised the profession of farrier during the last eleven years, and was also employed in a veterinary surgeon's establishment. In the latter capacity he had occasion to dress a horse affected with a foul ulcer, and ascertained to be labouring under chronic glanders. Towards the end of December, 1840, numerous abscesses formed on various parts of the man's body; he was constantly affected with diarrhœa, and gradually lost flesh; these were the only symptoms noticed during the fourteen months that he remained in the hospital. The abscesses healed up once, and the patient, about a year ago, thinking himself cured, left the hospital. But fresh abscesses soon formed, the patient sunk gradually, and died in a state of marasmus on the 5th March, 1842. He never complained of any pain in the nares; purulent discharge and fetid odour were equally absent. After death various collections of pus were found in the subcutaneous cellular tissue, the muscles, the right wrist, and the left ankle joint; in the nasal fossæ the septum was perforated by an opening as large as a ten sous piece; this was surrounded by a red, elevated circle, and at the posterior part of the septum and turbinated bones there were numerous ulcerations. The lungs presented a great number of ecchymosed spots, and contained several metastatic abscesses. The mucous membrane of the larynx, trachea, and bronchi was healthy. This is the first instance, according to the author, in which chronic glanders has been observed in the nasal fossæ of the human subject. In all the cases hitherto related the disease was of an acute character, and the recent lesions masked those of a chronic date.

## PRESCRIBING DRUGGISTS.

### ANOTHER CHILD KILLED BY AN OVER DOSE OF NARCOTIC POISON.

On Monday an inquest was held before P. F. Curry, Esq., coroner for this borough, on view of the body of Emma Cain, an infant of three months old.

Jane Cain, wife of Matthew Cain, and mother of the deceased, said, they lived in Gillon-place, Duckenfield-street. On Thursday last the deceased was not very well, and had been so for a week, her bowels being a little disordered; and she went to the shop of Mr. O'Gorman, a druggist, in Brownlow-hill, and asked for a pennyworth of paregoric, which he gave her. She asked him what quantity she should give, and told him the child's age. He said she might give her ten drops, or from that to twenty. She gave her about half a teaspoonful, which she put into a cup. She did not drop it, but poured it out. Next day the deceased did not appear to be any better, and remained so up to Saturday night, when she gave her the remainder of the paregoric, and she fell asleep. She slept a little more than an hour, and when she awoke she gave her the breast. She fell asleep again, and about eight the same night witness observed a change in the deceased, and became alarmed, and took her to Mr. King, who keeps a druggist's shop in Brownlow-hill, who gave her some medicine, but she gradually got worse until seven o'clock on Sunday morning, when she died. Mr. Burrows was called to the deceased, and remained with her about three hours before she died, and used such means to recover her as he considered proper, but without avail. The deceased was a healthy child.

Mr. John Burrows, surgeon, said he was called to deceased on Sunday morning, and found her labouring under stertorous breathing, and evidently suffering from some narcotic. He used every means to restore her, but without avail, and she died the same morning, he had no doubt from the effects of narcotic. He considered twenty drops of narcotic too strong for a child of the age of the deceased, but did not think that quantity would produce death. He thought a large dose must have been given.

Thomas Dobson Walker, an apprentice to Mr. O'Gorman, said he had been about two years and a half with him. He remembered the mother coming to the shop, and asking for a pennyworth of paregoric. Miss O'Gorman served her. The paregoric was put into a cup. He was asked what quantity was to be given to the child, and he told her from ten to twenty drops. There was about two drachms given to her.

The coroner, in addressing the jury, said it was a lamentable fact that a great number of children lost their lives by druggists taking upon themselves to prescribe for them. If children were ill, as in this case, with griping, it would be well for mothers in the first instance to give a little castor oil, and, if that had not the desired effect, to call in a medical man. If they had not the means of paying, they might readily find professional assistance gratuitously at one or other of the charities; besides which, there were many private practitioners always willing to give their aid to the necessitous. He knew of no means of putting a stop to the practice of druggists prescribing dangerous medicines, but the efforts of the press in cautioning them not to do so themselves or through their servants. They had, indeed, no more right to do so than any one present in that room. He then alluded to several cases of fatality which had fallen within his jurisdiction, and particularly to a recent one in which a person had called at a Mr. Sheldon's, a druggist, and Mrs. Sheldon had prescribed sixty drops of laudanum for a child! Druggists were authorised to sell medicines, but not to prescribe the quantity to be given, which few of them understood. There could be no doubt but death was in this instance caused by

the administration of a narcotic poison in too great quantities ; but the mother, whose act it was, was alone legally responsible, and he could not see how the jury could meet the case otherwise than by a verdict of "chance-medley" against her, which he explained to be only a shade removed from "manslaughter."

The jury, finding they had no power in this case to inflict a penalty, returned a verdict accordingly of "chance-medley" against the mother, adding a presentment expressive of their just indignation at the conduct of the druggist. One of the jury said, that if the case could have been legally brought home to the latter, he for one should have stood out for a verdict of manslaughter against him.

Mr. Burrows expressed a wish that something would be legislatively done to put a stop to the practice, inasmuch as he and his professional brethren were frequently called on in the most painful cases arising out of it, and generally found their efforts to restore the sufferers unavailing.

The coroner concurred ; and, after he had addressed a few kindly words to the bereaved mother, who had doubtless acted from ignorance, the parties left the court.

### MR. LISTON'S CASE OF ANEURISM.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—You were the only honest chroniclers of the unfortunate case of aneurism which was operated on by Mr. Liston, at the North London Hospital, and therefore it is I send you this letter for insertion. Much mystification, and some misrepresentation have occurred with respect to it ; it was not, therefore, wonderful that a good deal of desire should be manifested to hear the operator's own account of it, which was read at the Royal Medical and Chirurgical Society, last night. His statement is this—A boy, about nine years old, who had recently suffered from fever, and was much out of health, was admitted a patient at the above hospital ; he had a tumour in the neck in the direction of the carotid artery ; that tumour was opened by plunging a bistoury into it. Arterial blood escaped so rapidly, that in a few seconds as much as four ounces were lost. The lips of the incision were immediately closed ; hair lip pins were passed through, they were surrounded by ligatures, and there was no further loss of blood. On the succeeding day the common carotid was tied, just after it was given off, but the patient died on the 13th day.

The parts were carefully examined twenty-four hours after death, and it was ascertained that the tumour was beneath the carotid, that there was a free communication between the tumour and the artery, just at its bifurcation, and that there were layers of fibrinous matter in it. Such, substantially, is Mr. Liston's description of this unfortunate case ; and we should think any one justified who regarded the matter as one of carelessness.

The object of the paper is not, however, to admit any such thing, but to patch up the result, as one which could not have been avoided.

In the first place it is alleged, that the case was one of abscess, that the coats of the artery were divided and unsupported, that they were ulcerated or eroded, and that the blood then filled up the sac. How is this attempted to be made out ? Why, in sooth, by stating that, in opening abscesses, there is frequently hemorrhage, and that this is a proof that abscesses have a strong tendency to perforate arteries ? It is no doubt correct to say, that in opening an abscess there may be a vessel punctured, and that it will give out

blood ; but is not the truth the other way ?—do not arteries resist the action of pus ? Do we not find them stretching across purulent cavities without any support ? and further, has any pathologist ever known an abscess to perforate an artery ? It will not do to take such cases, as were detailed in the paper, to support such a proposition. Every surgeon has known an ill-conditioned ulcer to perforate an artery ; therefore, the Edinburgh case is not in point. The medical student's case is no better—A young man out of health has an abscess over the femoral artery ; he is in a bad state of body ; the abscess is opened ; and after many days hemorrhage comes on. How does that bear on the former case ? It is a case of bad abscess ; when opened, ulceration went on and opened the femoral artery ; no one doubts that such a case may happen. And, as was asked, in the room, if it were an abscess, what became of the pus ? There was a lame attempt to explain this, but a more lame one could not well have been made. In fact the attempt to make out a recent communication was ridiculous. Why the sac had laminated clots in it ! If the blood pushed out the pus, where did it go to ? Was it mixed up with the circulating blood, and did not the admixture of two ounces of pus with the blood produce mischief ? Odd enough, the communication was just at the bifurcation ; and our school books used to tell us that in the carotid that was the common seat of aneurism.

A few words more as to diagnosis, about which much was said ; first, the occurrence of aneurism in a child of that age was so improbable, that it was quite pardonable to make a mistake ; it may be so, but a gentleman in the room mentioned three cases of aneurism in children ; and if there had never been such, would that be an excuse ? Here was a pulsating tumour in the course of an artery, *with fluctuation*. What could have been easier than to have put a thumb upon the artery below the tumour, and to compress the tumour so as to have expelled most of its contents. Would not that have been a wiser course ?

Put the case in any shape, and say, ought a prudent surgeon to have taken the course followed in this unhappy case ? I say, decidedly, no. I say, further, it was an instance of practice which has swamped many a man. We did not think it so very valiant to bring it on at the Society. A man does not like to get up and find fault in such a case, and it was this feeling alone which deterred us from getting up and making the foregoing observations.

I remain, Gentlemen,

Your obedient servant,

SCRUTATOR

March 11, 1842.

### HOUSE OF LORDS.

March 10.

#### BURIALS IN CROWDED DISTRICTS.

LORD BROUGHAM presented a petition, to which he was anxious to draw the attention of their lordships, and particularly that of her Majesty's government. It was from the Lord Mayor, Aldermen, and Common Council of London. They complained of the practice of the interment of the dead in crowded neighbourhoods as most injurious to the public health. They stated that, from the long period during which this unwholesome practice was continued, the church and churchyards of the city were so filled with the dead as to be incapable of holding any more bodies, and they prayed that some proper place of interment should be provided in the outskirts of the metropolis.



## HOUSE OF COMMONS.

March 15.

## QUARANTINE.

Dr. BOWRING observed that, he felt how little attraction the subject he had to bring forward possessed; but its importance to commerce and to travellers would perhaps secure attention to it, especially after it had lain in abeyance for eighteen years. In 1815 (in consequence of a controversy on the subject) a committee had been appointed to inquire into the facts regarding plague quarantine; and that committee had found no grounds for dissenting from the prevailing opinions as to the infectiousness of plague. Another committee, however, in 1824, had made this admission, that no case of infection had occurred in England since 1665—a very important fact, since the plague had existed in this country for fifty or sixty years after that period. The subject had been treated with very great attention by that important body the British Association in 1838, and an inquiry had been instituted thereon. Let it be considered that no impediments were offered to the passage of travellers or conveyance of goods from this country to British India; and that no apprehensions had been entertained in India, even when the plague was in Persia, of its infectiousness. Let it be borne in mind, too, that the quarantine regulations in the Mediterranean interposed the most injurious delays to commerce and to travelling, causing an annual loss (as it had been estimated) of between 2,000,000*l.* and 3,000,000*l.* to this country, by increasing the rates of freight, producing loss of cargoes, &c. And let it be observed how absurdly the regulations worked, that a vessel after a two months' voyage had no more length of quarantine to endure than one which had passed through a voyage of four months.

He begged to read an extract or two from a letter written by one who was a high authority—Captain Basil Hall, and written at Malta:—"On the morning of the 7th of this month (September, 1841), we sailed into Valetta harbour in company with the Vanguard, 80, from Candia. As we were from England we got pratique at once, but the poor Vanguard, though fully as healthy as we were, and coming from a place as healthy, was put into quarantine till the 23rd, that is for seventeen days. In the meantime she had to refit, and within two days after she got pratique she was sent to sea in company with the Indus; the officers and crew of one ship having enjoyed all the advantages of the shore, the others having been kept close prisoners. It is much to the credit of both men and officers, the patience with which they submitted to these severe and totally unnecessary privations. I need not speak of the extreme inconvenience of refitting a ship under quarantine, arising out of the difficulty of getting new stores and returning old ones; but every one knows the irksome delays which are caused thereby, and the consequent retardation of the service. It does not signify to say that this is of little moment just now, for it is impossible to say when the time may arrive when it is important to re-equip our ships smartly; and I can assure you it is bad policy to try the patience of the sailors too long when in sight of the good things of the shore, with no better reason for their detention on board than some fantastic fears of an antiquated board of health-office. Rear-Admiral Sir John Ommanney, in command of the Mediterranean fleet, sailed from Corfu on the 19th of last month (August), in company with the Howe and Ganges, and the Cyclops steam-frigate. The steamer being sent on ahead, arrived on the 23rd at Malta, and was put into quarantine for seven days, that is to say she got pratique on Sunday the 29th. The admiral arrived on the 26th, and as a matter of favour, he was subjected to six days' quarantine only. Still it was not till Tuesday, the 31st, that he could

land, two days after the junior officer, who had sailed with him at the same hour, was walking about on shore. On Saturday, the 28th of August last, her Majesty's steam-ship Stromboli sailed from Beyrout, and reached Malta on the 2nd of September. She was placed in quarantine, which lasted eighteen days, including the day of arrival and that on which she got pratique—viz., the 19th instant. Her Majesty's ship Powerful sailed from the same port (Beyrout) within twenty-four hours after the Stromboli, but not having steam to help her, she did not arrive till the 18th at Malta, that is, the day before the Stromboli got pratique. The Powerful's eighteen days then commenced, and they will not expire till the 5th of next month (October)! The Powerful had no sick on board, had touched nowhere, and was in all respects as healthy as the Stromboli, and yet, although she sailed within one day of the other ship, she is 'tabooed' for nearly three weeks' time after her consort was let out of this terrestrial purgatory! At any time this would have been irksome, but just at the period when it occurred it was attended with great inconvenience to the public service. The Britannia, bearing the admiral's flag, being ordered home, it was necessary to shift the flag into some other ship; for various reasons the Powerful had been assigned for this purpose. Had the admiral himself gone into the new ship, however, he would have been imprisoned, of course; so he went on shore while his captain went on board, in exchange with the captain of the Powerful, who, by going into the Britannia necessarily put that ship into quarantine, while the secretary, clerks, and other persons attached to the admiral's staff had to repair on board a steamer, the Gorgon, till the embarrassment caused by all these restrictions should be over. There surely is much tomfoolery in all this, for there seems to be no good reason why a ship of war might not work out her quarantine time at sea as well as in port. It is stated by some, that there are many families supported at Naples, Leghorn, Marseilles, and elsewhere, solely by the salaries derived from the quarantine, and paid for by the unfortunate ships forcibly subjected to its tyranny. If this be true, as I really believe it is, I am convinced it would be money cheaply spent to pension off every soul of these functionaries and their children to the third and fourth generation; for the delays, loss of markets, and the numerous other evils to commerce which attend the system—to say nothing of the intolerable personal annoyance, the absolute imprisonment, the inquisitorial discipline, the smoking, and other mockeries, called, forsooth, purification, are of such number and extent as to render the whole utterly inconsistent with, and even quite repugnant to, the sentiments of the age; and I do earnestly hope that, by patience and perseverance, you will get it done away with. A very intelligent Maltese, high in office here, remarked dryly enough to me the other day—"One of two things must happen—either the quarantine laws must be done away with, or the march of intellect must be stopped."

The hon. member then proceeded to read a communication from Sir J. Ommanney, stating many particulars illustrative of the irregularity of the practice respecting quarantine in the ports of the Mediterranean, showing the injury to commerce, the great inconvenience to merchants and other persons frequenting those ports, and proving the tyranny and the frauds which were perpetrated under the pretence of enforcing those laws. The information which he had received upon the subject entitled him to say that a prodigious number of individuals were employed to carry into effect the laws relating to quarantine, and that their sinister interests operated most materially in maintaining a system which ought long since to have been abolished. Considerable salaries were paid to the persons so employed, but he must be allowed to say, that he thought exemption from the



annoyance of quarantine regulations would be cheaply purchased if the persons to whom he referred were pensioned off to the third and fourth generation. For any purposes of protection against the plague, those people were wholly useless, and there could not be a greater mockery than the modes of purification which they adopted. It was worthy of observation, that in those ports of the Mediterranean which were not under the government of Austria the regulations were more strict; while in those which were, those regulations had been considerably relaxed; yet there was no reason to believe that the people in the latter class of ports had found any cause to regret the less stringent practice of their rulers. Amongst the mischievous absurdities of the system he might notice this, that if a man wanted to proceed from Algiers to Malta, the easiest mode of accomplishing his object would be to go in the first instance to Toulon, and thence take his passage for Malta. From the correspondence which he held in his hand, were he to read the whole of it, the house would see that even the government of this country was interested in putting an end to a system clearly interfering with the intercourse subsisting between them and their agents and allies. The correspondence of the government was opened, perforated with awls, incised by chisels, dipped in vinegar, and subjected to a variety of absurd modes of purification, and at length transmitted to its destination in a mutilated, and scarcely legible condition.

Amongst the other evils of the system was the extreme ignorance which prevailed in all that related to the quarantine regulations. The ignorance and superstition exceeded all belief. In many countries of the South it was thought that phthisis was a contagious disease—that cholera was contagious; yet in this part of the world no one supposed that consumption was communicated by contagion, and certainly the predominant opinion was, that cholera ought not to be considered a contagious malady. It was satisfactory to think that many of the errors which prevailed on these subjects had in the more civilised districts of the world given way to enlightened and rational views, but in other portions of the globe, he regretted to say, that opinions as ridiculous as they were mischievous too generally prevailed—opinions as childish as the doctrines of the older physicians, who held that the plague was connected with earthquakes, with celestial menaces, and with circumstances equally remote in their nature from any human malady. In some places it was thought that the matter of contagion had been communicated along the length of the string attached to a paper knife: in other cases it was said to have been conveyed into houses, supposed to be secure, by dogs, cats, and even flies obtaining admission. It was said that the Turks on the Austrian frontier were in the habit of inoculating pigs with the plague, and sending them amongst their enemies. The hon. member then begged to call the attention of the house to a letter which he had received from a medical gentleman at Alexandria, and which he thought would show pretty clearly some of the prevalent errors upon this subject. "Within the walls of Alexandria, in 1841, the total of deaths was 7,017; there were 1,570 cases of plague, of which 405 recovered, and 1,165 died. Of the 1,570 cases of plague which occurred during the year, 1,080 were males, and 490 females. Of these there recovered—males, 375; females, 30; 778 cases were bodies found dead in their dwellings, and consequently had no sort of treatment whatever; and of the 792 remaining, who had some sort of care and attendance bestowed upon them, no less than 407 recovered. There is no return of the proportion of deaths to cases during the different months which can be depended on, but the average rate of mortality may be fairly calculated as two-thirds of those attacked; so that the real mortality of the city, during the month of May, when the

plague was at its height, may be calculated thus—Ordinary deaths, 433; deaths by plague, 353—total, 786. Cases of plague, 515. The inferences to be drawn from these data are, that the season when the plague exists is not necessarily either the most unhealthy, or the most fatal season; it will be seen by the table that the months of October, November, and December, are productive of as many deaths nearly as the most fatal plague month, and that their average mortality far exceeds that of the other months, when the plague raged with a more limited intenseness, while during the last three months of the year only six cases of plague could be detected." He could not pass from this part of the subject without observing that Dr. Laidlaw, an extract from whose letter he had read, was a man who had conferred a great benefit upon society by his steady resistance to the injurious and ignorant prejudices which prevailed on this subject. If the disease were so subtle as it was represented to be, how would it be possible for us and other countries to escape from its perils, considering the manner in which the quarantine system was managed? He had evidence to show that the plague was actually on board ships which were, being laden with cotton, coming to this country, yet no infection had ever been brought by it. If it was found that all the vexations, the inconveniences, and the delays consequent upon the system could be got rid of without any danger to the public health, he trusted that the government would exert itself in so good a cause. He moved a resolution, to the effect, "That her Majesty may be graciously pleased to continue the inquiries made in foreign countries as to the efficacy of the quarantine system, and to carry out any negotiations which may have for their object such modifications as are consistent with the public safety and the interests of commerce; also, to lay on the table of the house any correspondence, or extracts of correspondence, which has taken place since the last papers were ordered for presentation."

Sir R. PREL had no objection to offer to the motion. He was prepared to lay the papers desired by him on the table of the house. He suggested the proper form in which to shape the motion would be an address to her Majesty.

The suggestion of the right hon. baronet was adopted, and the motion agreed to.—*Times*.

#### INTRAMURAL SEPULTURE.

On the motion of Mr. Mackinnon, the following gentlemen were nominated a committee to inquire into the expediency of improving the health of towns, by preventing internments within their precincts:—Mr. Mackinnon, Mr. D'Eyncourt, Lord Ashley, Colonel Fox, Mr. T. Duncombe, Mr. Evelyn Denison, Sir W. Clay, Sir R. H. Inglis, Mr. Ainsworth, Mr. Beckett, Viscount Mahon, Mr. Cowper, Colonel Acton, Mr. Kemble, and Mr. Vernon.

#### BOOKS RECEIVED.

Prayers for the Use of the Medical Profession. London: Rivingtons, Churchill, 1842. [The profits, if any, will be given to some medical charity. Any medical student who is unable to buy a copy of these Prayers may obtain one gratis by applying to either of the publishers.]

Principles of Human Physiology, with their chief Applications to Pathology, Therapeutics, Hygiene, and Forensic Medicine; especially designed for the use of Students. By W. B. Carpenter, M.D. London: Churchill, 1842. pp. 680.

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## COURSE OF CLINICAL LECTURES

ON

## SURGICAL DISEASES,

DELIVERED AT THE HOSPITAL OF LA CHARITÉ,

By Professor VELPEAU.

### Lecture XVII.

#### VARICOCELE.

This disease, Gentlemen, consists in dilatation of the veins of the chord; it is very prevalent between the ages of fifteen and forty years, and almost always attacks the left side. Writers seem to exaggerate considerably the effects of this complaint; they attribute to it, for example, inflammation, suppuration, or atrophy of the testicles, together with chronic enlargement, and degeneration of that organ; but the truth is, that the disease seldom gives rise to any dangerous consequences of this kind; the vast majority of patients merely experiencing some uneasiness and sense of dragging about the groin or scrotum, and a feeling of numbness in the testicle.

In my last lecture I explained to you the various operations that were performed for the cure of varicose veins. All these have been applied to the treatment of the disease now under consideration. Several methods have been employed in conjunction with each other. Thus Cumano employed the ligature and extirpation at the same time; Mr. Warren excised or tied the varicose veins of the scrotum, and speaks favourably of this practice; M. Moulinié combined excision with ligature; but Boyer rejects those means as being dangerous and ineffectual. Delpech divided the scrotum, exposed the chord, and tied or incised the veins; in some cases he passed a small bit of sponge under the dilated veins, and fixed it with strips of sticking plaster; we are told that Delpech cured six patients out of seven in this way. This may be true, but it is no less certain that violent inflammation occasionally supervenes in operations of this kind, and that death has resulted from the phlebitis induced. I shall merely mention, without dwelling on, the ligature of the spermatic artery recommended by Bell and some other surgeons. Castration, which Boyer had recourse to in serious cases, may be employed if the testicle be attacked by any dangerous affection; but you must remember that this is a very rare occurrence. The operations, then, which the older surgeons employed for the cure of varicocele were not of a nature to induce us to imitate them; but within the last ten years several new methods were proposed, all based on the results obtained from my experiments on the acupuncture of vessels.

*M. Daval's Method.*—This is the same as the one already described in my last lecture for varix of the lower extremities. The patient being placed on his  
No. 78.

back, the veins of the chord are seized between the thumb and index fingers of the left hand; the surgeon then passes a pin transversely beneath them; he then perforates the vein with another pin, from above downwards, curves it under the transverse pin, and brings it up again through the vessel, near the point at which it entered. This operation is repeated on every enlarged vein, and then the pins are all supported by ligatures.

*M. Fricke's Method.*—This consists in passing a seton through the vein; it remains there for two or three days; according to the extent of the disease, one or more setons are introduced. By the two methods just mentioned the patients are equally exposed to phlebitis; besides there is some risk of the pin or seton being passed behind the vein, instead of through it.

*M. Breschet's Method.*—This operation was described by M. Breschet, in a memoir addressed to the Academy of Sciences, in January, 1834. It consists in seizing and compressing the trunks of the varicose veins between the blades of a forceps constructed for the purpose. M. Landouzy has modified the instrument, and made it much simpler. The veins of the chord are first separated from the artery and vas deferens, and the blades of the forceps, placed over them, are tightened by a screw; the pressure is increased daily until the tissues become mortified; the wound which results commonly heals in a few weeks. M. Landouzy assures us that he has seen more than one hundred patients cured by this method; it is, however, a long and painful process, and some patients are unable to support it. I think that we may obliterate the varicose veins by a more simple method.

*M. Sanson's Operation.*—M. Sanson endeavoured to obliterate the vein, not by inducing inflammation, but by causing the blood to coagulate within it. This is done by compressing with a forceps the base of the varicose tumour, and completely interrupting the circulation of blood through it. We have here no wound or escher, as in the former case; but I am convinced that M. Sanson's method is a very uncertain one. Unless inflammation of the inner coats be produced, the coagulated blood has a tendency to become fluid, and the circulation is ultimately restored. I saw an example of this in the case of a medical student operated on by M. Sanson; the disease was as bad as ever in two months after the operation.

*M. Reynaud's Method.*—The varicose veins are pushed down into a fold of the skin of the scrotum; a needle, armed with a strong ligature, is then passed underneath, and brought out over the veins, and the ligature is knotted on a piece of lint, &c. The vein is thus divided transversely; when the ligatures come away we have merely a small wound to heal up. This is a simple and efficacious operation; and although it

may fail occasionally, I consider it as one of the best that has been suggested in recent times.

*M. Velpeau's Method.*—My process, Gentlemen, consists in passing a needle underneath the vein, and twisting a ligature round its two ends, so as to compress the vessel in a circular manner. The patient is placed on his back, the scrotum shaved, and the vas deferens held aside. I then seize the scrotum from behind, and with the thumb and index finger of the other hand I bring the mass of varicose veins forwards towards the integuments, and fix them in a fold of skin; an assistant holds one end of this fold, while I support the other. I then pass a needle under the veins, in the way described for varix, and bring a ligature round it; a second needle is passed within about an inch of the first one. You must avoid inserting the needles too low or too high, and separating them too far from each other. If the lower needle, for example, be placed too low down, you may wound the tunica vaginalis; if the superior needle be inserted too high up, you will have difficulty in separating the veins of the chord; finally, if the needles are placed too close to each other, the two wounds may unite and form one. The needles being placed the ligatures are wound circularly round them, in the same way as for varix of the lower extremities; I need not, therefore, detain you with a description of details which you have heard so lately. When the eschars are detached, the needles are withdrawn from the tenth to the twentieth day. Unless the inflammation which supervenes be severe, the patients are not confined, and a cure takes place in about a month. I have never seen phlebitis occur after this operation; in two cases, however, where the inferior needle was inserted too low down, inflammation of the tunica vaginalis came on. The whole of my patients, then, were cured in a short time; and, of those whom I have since met, not one has suffered a relapse. This, perhaps, may be accounted for by the fact that in varicocele the chances of radical cure are much greater than in cases of varix of the lower extremities, because the free anastomosis between the veins is absent.

## OBSERVATIONS ON SCARLATINA.

By THOMAS ANTISELL, M.R.C.S., Dublin.

That dropsy has accompanied the majority of cases in the late epidemic of scarlatina in this city, is well known; and I have elsewhere remarked\* that anasarca was its usual form of appearance. By Frank it is mentioned as occurring after other exanthemata as well as scarlatina, and being rather a common sequel than a consequence of the suppression of either the eruption or the perspiration; and that other forms of dropsy occur separately, or combined with anasarca. Dr. Copland thinks that the functions of the skin are but imperfectly restored, that the internal and external secretions must be impeded, and that its appearance is favoured by cold and humidity.

By almost every writer the anasarca is looked upon as a disease in itself, or as either directly or indirectly produced by the state of the cutaneous eruption; but it would be more correct, and more advantageous in practice, to look upon the anasarca as the result of local congestion or inflammation, and in a great number of cases coexistent with effusion into the serous cavities, the local congestion itself being caused by the same circumstances which produce suppression of the eruption—namely, external cold or internal vascular derangement.

That the dropsy after scarlatina ought not to be so almost universally connected with suppressed eruption,

is evident from the following circumstances:—In some cases the anasarca appears from the commencement of the disease, even before the eruption; while in others it occurs at the close of the eruption, the latter not being apparently shortened; and in most cases it appears when the rash has entirely faded, after the skin has desquamated, and the individual is restored to perfect health. In this third form of the epidemic the anasarca may appear from the sixth day to the sixth week, and even later in a few instances. I would especially call attention to this last variety, where in many cases the little individual is restored to health, runs about for five or six days, then complains of headache, nausea, or pain in the stomach, and heaviness; the bowels are confined, and on examination the face or feet will be found œdematous. Now, in these varieties it is hardly fair to associate anasarca and morbid cutaneous function; for the exanthem had passed through all its phases, and desquamation taken place. Again the anasarca appears in some cases where there had been no eruption on the skin; the advocates of a suppressed eruption cannot claim this as proof, inasmuch as several cases of this epidemic without the rash have not been followed by anasarca; and, on the contrary, where the rash has been most complete, the anasarca has been absent.

From their frequent coexistence has been inferred their relation—an inference as illogical as untrue, and not supported by physiology or clinical experience. Physiology teaches that when an external depressing agent affects an individual, the activity of the circulation is impeded, and the blood accumulates in the heart, the large vessels, and the viscera; cuticular secretion and exhalation are checked, and if the internal accumulation be great or long continued, exhalation into a serous cavity takes place. In disease of the surface, when a sedative agent exerts its influence upon that part, the morbid action is often transferred to internal membranous surfaces—witness gout, erysipelas, and rheumatism. How rare the occurrence of anasarca after a metastasis! In the whole tribe of skin diseases, in which the analogy is greater, how seldom does anasarca occur after the suppressed eruption of herpes or porrigo! how much more frequent the occurrence of cerebral congestion!

The occurrence of cerebral congestion or effusion is by no means uncommon in those cases of scarlatina which have not been under treatment in the early part of the disease, and the result may be either convulsions alone, or followed by death in a few hours. The following are examples:—

August, 1841. — Lane, aged six months, attacked with scarlatinous eruption. No treatment in that stage; when seen, the rash had disappeared from face and legs; a patch on the trunk; pulse frequent, feeble, and intermittent; restless; sordes about teeth; respiration hurried; skin cool; expired in evening in convulsions (five days ill).

Nov. 1841. — Plunkett, aged nine months; seen upon third day of illness; rash not on the face, but on the body in small papular elevations. No treatment had been adopted; lay comatose; pupil did not contract; slow elevations of the arm to the head; coma lasted for a few minutes, when sensibility returned for a few seconds to yield again to coma; no convulsion; pulse slow and feeble; bowels emptied twice involuntarily; died in the night in a convulsion.

In these cases there can be no doubt that death was occasioned by compression of the brain, the result of vascular congestion or effusion. In the next case the compression was not sufficient to occasion death, and as anasarca occurred, presents some interest.

A child, aged nine years, had the scarlatina rash very copious. Slight determination to the head; sore throat and great fever. These passed off; the skin desquamated, and he recovered in a week. In a fortnight from the commencement of his illness he complained of pain in the head, constipation, and

\* Provincial Medical and Surgical Journal, No. 26, vol. 1, p. 417.



general debility; was well purged with p. jalap c. On the next day, about four, p.m., was suddenly seized with convulsions (having the moment before asked for drink) lasting for four hours, and terminating in coma. The convulsions were violent, and affected each side alternately—that is, one arm, leg, and side of face would be convulsed; this would last for half an hour; and in the next convulsion the other side of face, arm, and leg; at ten o'clock, p.m., he became sensible, sat up, and asked questions. The treatment during insensibility was venesection, blister to nape, warm bath, and, while immersed, cold affusion on the head, sinapisms to legs and feet, and turpentine enemas. Afterwards hydr. c. creta, five grains, every third hour, and ant. tart., one-eighth of a grain. He gradually recovered, and in three days was on his legs. A week after œdema of the scrotum, eyelids, and lower extremities appeared; the face was pale and the respiration hurried; heart's action strong, and sounds increased; vibration of side; frightful dreams and dyspnœa. Next day, dullness over cardiac region; slight prominence of cartilages; *bruit de souffle*; sounds undistinguishable under mamma, but well marked over aortic track; sleep restless; pulse hard, 100. He was purged, blistered over the heart, and took carbonate of soda with eight drops of tincture of digitalis, three times a day. By persisting with the digitalis and pulv. jalap c. in some time he perfectly recovered.

Here the inflammatory action of the system seems to have been kept up a long time, so as to occasion cerebral congestion, and then, in a week after, effusion into the pericardium, and the dropsy appears to be symptomatic of that effusion, for it disappeared under treatment directed toward the effusion. This may be a type of many cases where the effusion is frequently overlooked and the dropsy treated.

—Carey, aged eight years. Had eruption very vivid and well diffused; papillæ of tongue very prominent; pulse 120, full; bowels not freed; raving in sleep; fever. The skin was well sponged with vinegar and water; purgatives and antimonials given. The eruption faded away in a couple of days, and the cuticle desquamated. Being allowed to play in a damp kitchen, seventeen days from the commencement of his illness, erysipelas of the face set in, commencing at the nose and travelling on each side, with slight fever. The erysipelas was circumscribed by the nitrate of silver, and the child took some comp. jalap powder; the redness disappeared in a few days; he then complained of tightness in the chest, short cough, dyspnœa, nausea, and restlessness; the feet, as far as the ancles, were œdematous; dullness over whole left side; respiration audible and normal; no morbid sound over heart; pulse 130; warm bath; blister over heart; calomel and antimony and low diet were ordered. From the blister he had immediate relief of the chest symptoms, and the œdema disappeared in four or five days after.

The anasarca and internal effusions appear to occur more frequently among those inhabiting low crowded rooms, and I may remark that, when a child in a family is attacked the remaining healthy ones should be removed; for although it be utterly inefficient as a means of preventing the disease, yet it appears to have some power in checking the fatality of the result, as the separated children, when attacked, have the symptoms milder, and death is less frequent. It is not easy to say whether this be owing to the number of sick being diminished in the same locality, thereby preventing typhoid symptoms; or from protracting the time over which the number of cases occur, and thus artificially converting an epidemic into a sporadic disease.

99, Abbey-street,  
March 17, 1842.

## POISONING BY ARSENIC.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—I beg to forward the history of the following cases of arsenical poisoning for insertion in your valuable Journal.

I remain,

Your obedient servant,

HENRY EWEN.

Long Sutton, Lincolnshire,  
March 16, 1842.

I was sent for in haste, on Friday, October 8, 1841, to visit Thomas Johnson, aged 46, farming bailiff to Mr. George Clarke, at his Sutton Marsh farm. The messenger stated that he had been taken suddenly ill whilst at work upon a stack. On reaching the house I found him in bed, and learned the following account of his attack:—He ate a very hearty dinner at noon, of which he partook in great haste, and immediately afterwards returned to his employment; in about an hour after he complained of a sense of oppression at his chest, faintness, pain at his stomach, followed by vomiting. When I saw him he said he was much easier than he had been, and that he felt much relieved by the vomiting; there was, however, a remarkable degree of nervous depression about him, and an unusually slow pulse of 48 beats in the minute. I sent him some active aperient medicine, and on the following morning his wife reported that he was so much better, that I need not visit him again.

On the evening of November 8, between eight and nine o'clock, a labourer, aged 23, and lodging at Thomas Johnson's, came to say I was to go to Johnson, as he was taken in the same way as before. As the night was dark, and roads bad, I sent the same medicine as previously, and promised to visit him early the next morning. Between twelve and one o'clock in the morning of November 9, another messenger came, stating that Johnson was much worse; that the two lodgers, Harvey Burgess and George Whitelam, were also very ill, and that poisoning was suspected. I accompanied the messenger immediately, and reached the house between one and two o'clock in the morning, and found Johnson dead. I went into his chamber; the body was laid out, and a sheet thrown over it. Besides the two lodgers above-mentioned, there were, residing in the house of the deceased, Ann Johnson, aged 33, his wife, and Amy Marshall, aged 17, his illegitimate daughter, by his former wife. There were several pounds of arsenic in the house for a lawful purpose, and all the inmates knew of it. In the afternoon of Monday Mrs. Johnson left home to visit a neighbouring farm-house, and, previously to leaving, put out some flour into a dish, directing Amy Marshall to make a pudding with it for her father's supper; Amy Marshall also made an apple dumpling for each of the lodgers, using for this purpose their flour, which was kept separate, and these, with some salted pork, were all boiled in the same pot. Deceased and the two lodgers had their suppers a little after five o'clock. Mrs. Johnson returned home about six o'clock, and found her husband in the garden very sick and ill. She told me he then expressed his suspicions that he was poisoned, and that Amy Marshall was guilty of the act. He gradually got worse, and yet the first messenger sent was not told to say anything about his suspicion of poison. Besides incessant vomiting, and agonising pain in the stomach and bowels, I learned that shortly before death he was much purged, and that he passed some blood by stool, and he was somewhat convulsed—falling out of bed, and lying on the floor; his wife and daughter were the only persons with him.

The two lodgers were very ill, and dreadfully alarmed, as they could hear deceased's cries for



assistance, but were unable to go to him. They were taken between eight and nine o'clock in the evening with sickness, followed by copious spontaneous vomiting, griping pains in the stomach and bowels, headache, with high febrile excitement, and full bounding pulse. I bled them both, with much relief, and gave castor oil, followed by saline medicine in the state of effervescence, and adopted a strictly antiphlogistic regimen. They recovered in about a fortnight, and have not suffered any serious ill effects. I could not ascertain how much of the pudding was eaten by deceased—none was forthcoming for my inspection. On my first visit Amy Marshall told me she had eaten some of it, and that she had been very sick and ill about eleven o'clock; but when I questioned her about it the next day, she said she only took a small quantity, as it made her so sick and ill, and affected her head so much, she could not eat more; she presented no appearance of indisposition. The deceased and his wife and daughter lived very unhappily together, and had very frequent and serious quarrels. Some of the pot liquor, in which the supper had been boiled, was sent to my house by my request; and a parcel of flour was also sent by Mrs. Johnson, unasked for by me, *said to be* part of what remained after deceased's pudding had been made. The flour was examined by the usual tests, and contained no arsenic; on the other hand the pot liquor afforded abundant indications of its presence, by passing a stream of sulphuretted hydrogen gas through it, and also by adding a small quantity of the ammoniacal sulphate of copper; the silver test was not applicable, on account of the presence of common salt.

I was requested by the coroner to make an examination of the body of the deceased, on Wednesday, November 10. Mr. George Stanger, of Nottingham, surgeon, and Mr. Parsons, surgeon, of this place, were present. The body externally presented nothing remarkable, except that the fingers were all permanently flexed, and the hands were somewhat livid. The heart and lungs were healthy, except some old pleuritic adhesions on the left side; the blood in the great vessels was in a fluid state. The stomach contained about a pint of bloody fluid; the mucous membrane generally was intensely red, and about the greater and lesser curvature presented a mottled appearance from the extravasation of blood beneath it; the mucous membrane of the duodenum was slightly injected, and this portion of the small intestine contained, mixed with the chyle and mucus, a white\* gritty powder, a part of which was removed and placed in a gallipot tied over with bladder, and, with the stomach, conveyed to my residence. I gave the stomach, which I had put into a bladder, and the gallipot, into the hands of Henry Stewart, labourer, to convey to my residence, and I received them from him at my house. The matters removed from the duodenum were boiled in clean water for a considerable time, and the liquid was then filtered; through a portion of this filtered liquid, after the addition of a small quantity of acetic acid, was passed a stream of sulphuretted hydrogen gas for some minutes, a copious yellow precipitate was thrown down; this precipitate was subsequently dried and placed in a tube with a small quantity of black flux, and a distant coating of

metallic arsenic obtained from it. To another portion of the filtered liquid was added a few drops of the ammoniacal nitrate of silver; this occasioned a lemon yellow precipitate of arsenite of silver. To another portion was added a few drops of the ammoniacal sulphate of copper, which occasioned a green precipitate of arsenite of copper. Another portion of the filtered liquid was placed in Marsh's apparatus, and from this, numerous plates of metallic arsenic were obtained on pieces of common window glass; that these spots were metallic arsenic was demonstrated in the following manner: by holding the glass a few seconds in the flame of the jet, after the metal began to be deposited, a portion of the sublimed metal became converted into arsenious acid, and was seen as a distinct white coating or halo upon the glass; to this was applied a single drop of the ammoniacal nitrate of silver on the one side, and the same quantity of the ammoniacal sulphate of copper on the other side, each test producing the characteristic indications—the former a yellow, and the latter a green precipitate. I stated at the inquest, that, taken collectively, these tests afforded ample proof of the presence of arsenic in the alimentary canal, and that death had been occasioned by arsenic. The jury returned a verdict of "Wilful Murder" against Ann Johnson and Amy Marshall, and they were committed to Lincoln Castle; their trial took place at the recent assizes on the 8th instant. The learned judge asked me this question, "Is arsenic a mineral poison, soluble in water?" To which I replied, "To a certain extent it is; a pint of boiling water would take up a considerable number of grains."† The learned judge also asked, "Could the arsenic which you found in the deceased's small intestine have got there from the pot-liquor?" to which I replied, "Certainly not." I have preserved the sealed tubes and plates, but was not asked to produce them in court. The learned judge, in summing up, said, there was no evidence produced to implicate the elder prisoner, and left it to the jury to decide upon the guilt or innocence of the younger prisoner. After deliberating about half an hour, the jury returned a verdict of *Not Guilty*.

\* From some very carefully conducted experiments, Mr. Taylor draws the following conclusions:—

1. That hot water allowed to cool from 212 deg. on this poison, dissolves less than 1-400th of its weight, or about 1-2 grain to each ounce of water.
2. That water boiled for an hour on this substance, dissolves 1-24th of its weight, or rather more than 20 grains to each ounce.
3. That this water (2), on perfect cooling, does not retain more than about 1-40th of its weight, or 12 grains to the ounce.
4. That water boiled on arsenious acid, to the most perfect state of saturation, after having stood six months, holds dissolved about 1-38th of its weight, or 13 grains to the ounce.
5. That there is no observable difference in the solubility of the transparent and opaque varieties of arsenious acid.
6. That water at ordinary temperatures will dissolve from about 1-1000th to 1-500th of its weight, or from half a grain to one grain to each ounce of solvent, according to circumstances.
7. That the presence of *organic matter* in a liquid is an obstacle to the solution of this poison. Thus, hot tea and cold porter will not take up more than about half a grain to the ounce; while hot coffee and cold brandy do not dissolve more than a grain to the ounce.—Vide "Guy's Hospital Reports," vol. 2, page 102.

## WEST COVE AND KILCROHANE DISPENSARY.

*Report for the Year ending May 1, 1841.*

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—Should you deem the accompanying dispensary report, with the few observations attached thereto, of any interest, you would oblige me by giving them a place in the next number of your useful and practical publication. The cases are given in the

\* Dr. Christison states, in his work on Poisons, page 226, second edition, "As now sold in the shops the powder is as fine almost as flour, which it is important to remember, since the grittiness, described in the older works as felt in the mouth, and arising from its having been coarsely powdered, will no longer be remarked so distinctly." I called upon Mr. Anderson, a druggist in this town, and asked for a specimen of the white arsenic usually sold for agricultural purposes; although finely powdered, it felt gritty between the fingers and thumb. The gritty sensation imparted to the fingers by the arsenic, observed in the small intestine, was remarked by the other gentlemen present at the examination as well as by myself; the quantity observed was estimated, at the lowest computation, as not less than from 20 to 30 grains.



order of their frequency, and as taken from the daily journal. The average number of patients very nearly corresponds with that of my late much lamented predecessors, Drs. O'Sullivan and O'Connor, as it also does with my own reports for the two preceding years. It may be necessary to state, that these districts are on the sea-coast, and extend along it for nearly fifteen miles. The population, by the former census, was nearly 8,000, and the numbers relieved on the dispensary books averaged in or about 3,000 yearly.

I am, Gentlemen,

Your obedient servant,

JAMES B. THOMPSON, A.B., M.D.,  
Late Surgeon Accoucheur, &c., to the West Cove  
and Kilcrohane Dispensaries.

London, March 16, 1842.

<i>Fevers.</i> —Intermittent, continued, typhus, hectic, and the eruptive, scarlatina, measles, swine and chicken-pock, &c.	254
<i>Diseases of the Chest.</i> —Pneumonia, pleuritis, bronchitis, influenza, asthma, phthisis, hæmoptysis, hydrothorax, empyema, &c.	422
<i>Diseases of the Digestive Organs.</i> —Dyspepsia, indigestion, various forms of dysentery, diarrhœa, colic, cholera	560
<i>Diseases of Children.</i> —Whooping-cough, worms, croup, dentition, convulsions, aphthous sores, &c.	221
<i>Diseases of the Eye.</i> —Purulent and scrofulous ophthalmia, iritis, cataract, amaurosis, inversion and eversion of lids, ptosis, &c.	123
<i>Accidents.</i> —Fractures, contusions, wounds, injuries, scalds, burns	130
<i>Diseases of Brain.</i> —Hydrocephalus, epilepsy, apoplexy, cephalalgia, &c.	72
<i>Rheumatism.</i> —Acute and chronic, sciatica, lumbago, &c.	112
<i>Operations.</i> —Amputations, reducing fractures and dislocations, various minor surgical operations	150
<i>Diseases of Skin.</i> —Pustular, scaly, papular, scabies, porrigo, &c.	142
<i>Abscess and Ulcers.</i> —Mammary, scrofulous, psoas, cancerous, indolent, varicose, boils, anthrax, &c.	124
Midwifery Cases	139
Diseases of Women	64
Hæmorrhoids	22
Vaccinated	240
Scrofula	50
Syphilis	80
Erysipelas and Erythema	38
Diseases of Throat	64
Diseases of Urinary Organs	20
Hernia	5
Gonorrhœa	12
Deaths and Incurables	24
Total	3,068

#### OBSERVATIONS.

I have found that fever has increased during the last spring and autumn by nearly thirty cases, as compared with the preceding reports of 1839-40; and this I attribute in a great measure to the prevalence of wet weather and the scarcity of fuel in these districts. One thing I observed, too, in the fevers latterly—that the lungs were more engaged than usual, particularly towards the end of the second week, and in old subjects this state required a good deal of attention, and demulcent expectorant medicine, with a light nutritious diet. Scarlatina and measles, though very prominent, were of an unusually favourable and mild form, only one death being occasioned by the former. Two deaths resulted from consumption, and three were suffering from hæmoptysis when this report was made out; they suffered under it for a long period.

one for two years and a half and the other two for a less period. Under the head digestive organs, it may perhaps appear strange to some of your readers to have such a large number; but when the inferior and flatulent diet, on which the Irish peasantry subsist, is taken into consideration, I have no doubt it will account in some respect for the great prevalence of indigestion amongst the poorer classes in Ireland. It is properly called the "Irish complaint," and nothing seems to afford those suffering from some forms of this complaint greater relief than the application of the plain tumbler, in the manner of a cupping-glass, to the epigastrium. In older subjects, and in females, where there is a tendency in the ensiform cartilage to become incurvated, cupping in a similar manner gives very considerable relief, and is constantly resorted to by the old scientific ladies in the very wildest and remotest districts of the south and west of Ireland; in fact, some few of them go about the country on purpose, and make a living by their practice in this respect. They even go so far as to bleed and inoculate some of the poorer classes, who have still an objection to vaccination. The practice of indiscriminately ordering purgatives in these cases of indigestion is, I fear, too generally and frequently adhered to. What I found the most successful practice was that of directing a mild aperient and alterative pill at night, followed next morning by a bitter or tonic aperient draught, improving, if possible, the ordinary regimen, using steamed and crisped potatoes instead of boiled ones, for they must be allowed in some form, as the majority of the working classes cannot procure anything else. Diarrhœa and dysentery were more than usually prevalent during the months of June and July, owing to the great scarcity of food at these seasons, which form the period of interval between the old and new potatoes; besides, the latter are generally resorted to much too soon, when they are soft, soapy, and unfit for use, and are eaten without butter or animal food, or perhaps the plain adjuncts of milk or salt. There were only two deaths in very old subjects, one seventy and the other sixty-four years of age.

The diseases amongst children were also more numerous than in the former reports, owing probably to the great prevalence of cold and wet weather, with constant easterly winds during the spring months. Two deaths occurred in this class, one from convulsions, and one from croup.

The diseases of the eye were also more than usually frequent, owing to the last-named causes. The subject of accidents does not require any remark; they, of course, must vary. But diseases of the brain are rather on the decrease since the last reports, owing, as I am disposed to suppose, to the people now coming at once for advice, and submitting more to the directions of the medical man, and allowing the fever patients to have their heads shaved, against which, till very recently, the Irish peasantry generally object. One death occurred from hydrocephalus in a child, and one from apoplexy in an old man, aged sixty-six.

The next disease or affection is that of rheumatism, which is always very prevalent on the sea-coast, where the people are generally half farmers, half fishermen, out late and early in cold and wet, and not having very often a change of clothes when they return home; hence rheumatism, in its varied forms, is commonly met with in these localities. Diseases of the skin are also more commonly met with on the sea-coast than in the interior, owing to the salt fish, which is the constant and principal diet. The different forms of abscess and ulcers are, too, I think, attributable in a great degree to this latter cause.

In 139 cases of midwifery, there were only three unnatural presentations—one of the arm, one of the breech, and one of the funis. There were only two still-born children, and one case of twins. The dis-



cases peculiar to women are about the average number yearly on the books. The number of cases of hæmorrhoids is larger than usual, owing to the wet and cold season before alluded to. This is, however, an affection not much met with in country practice, where the people are generally healthy, and have good air and a great deal of vigorous exercise. The number vaccinated was 240; all were successful, except two doubtful cases, and two not afterwards seen. Scrofula is less prevalent than heretofore; but syphilis is more so than ever, owing to the introduction of the disease into the country by the men employed on the survey at present going on in Ireland. It has extended itself in the line of the travels of the sappers and miners in the mountains and vallies of the whole country.

### NEW MODE OF ACCELERATING LABOUR.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—If the following practical hint merit a place in your Journal, I shall be glad if you will give it insertion, as it is calculated to shorten the sufferings of the tender sex during parturition, and save much time of medical men who are in extensive practice.

I am, Gentlemen,

Your obedient servant,

SAMUEL STANILAND.

Fareham, Hants, March 14, 1842.

Being a midwifery pupil of Dr. Blundell, I of course carried his valuable instructions with me into practice, and one (not the least—viz., that “meddlesome midwifery is bad”) had much influence on my conduct when called to attend the parturient female. At first the unnecessary calls which were made for my attendance, and the frequently slow progress of labour in others, where the true expulsive efforts had commenced, together with the circumstance of being urged, on various occasions, to assist labour if possible, made me reflect upon the nature of the physiological action of the uterus, and the expulsive action of the abdominal muscles. Much thought on the subject, connected with the latter action on the rectum, bladder, stomach, and lungs, when irritating substances need expulsion, led me to the consideration of the process of labour, which appeared to me to be an analogous action, and I at length found the principle of imitation of the natural stimulant power, which I have now ten years carried into very successful operation, not only with a saving of much suffering to the patient, but an immense saving of time to myself.

When I first practised it, I was not so conversant with the physiology of the animal economy (except by book and school knowledge) as at present; yet, having studied Nature’s designs in her various sympathies, the principle of excitation and reflex influences came to my assistance, and taught me that, as the bladder, when distended with urine, and the rectum distended with fæces, call upon the abdominal muscles to expel their contents, so would an excitement, similar to that of the head of the child, or the unbroken membranes on the vagina in their passage, promote, under proper circumstances, the natural efforts, and lead to a more speedy and equally safe labour.

The principle being given, what is the practice, and under what circumstances, should the operation be performed?—for I desire never to forget Dr. Blundell’s valuable maxim.

The practice consists simply in imitating the influence of the child’s head or membranes on the natural passages, and thus producing a reflex and

wholesome contraction of the abdominal muscles (I say nothing of the independent action of the uterus), by introducing the forefinger, or fore and second fingers, as far as the point of the os coccygis, and passing them along the whole surface downwards of the vagina, so as to give the sensation of distension, not pain, just enough to excite the required action, and give new and more vigorous impulse, even after hot fluids, stimulants, ergot, &c., have been tried in vain.

What are the circumstances, then, which warrant its application?

1. In cases of first labour, where the os uteri is fairly dilated, the head of the child has been in the passage from eighteen to twenty-four hours, the patient much fatigued, and the pains, without assistance, comparatively ineffectual, the womb acting.

2. In cases after the first child, where the passages are rather confined, or the head of the child unyielding, although in the passage, and the natural efforts unavailing, especially when warm fluids and stimulants have been tried without benefit.

3. Where there is much rigidity of the perineum, on which the head rests, but the natural efforts either greatly exhausted or the perineum unyielding; the practice here serves two purposes—viz., dilatation and stimulation.

Lastly. Where the womb and abdominal muscles, after a severe labour, sink into a collapsed state, and are indisposed to do more work, and the placenta, though in the upper part of the passage, does not excite the abdominal muscles to action. With this principle at my command, I have never seen such a thing as the old retained placenta in any form, and much doubt whether, with it, I ever shall.

There are other minor circumstances which it will be necessary to apply, but the observant practitioner will readily find them out when conversant with the application of the principle, and the above will be sufficient to guide him in most cases. If, however, with these directions, there should be any doubt on his mind, I would say, rather wait the result of the old practice, than urge assistance when unnecessary or “meddlesome.”

I shall feel much pleasure in hearing from any gentleman, either personally or through your Journal, the results of their practice, and the more so if they will favour us with new aphorisms for its general application.

Dr. Marshall Hall will at once perceive in this principle a practical application or illustration of the excito-motory nervous sensation; but it was not in consequence of his suggestion that the principle was applied by me, but after a study of the great sympathetic nerve, for I had practised it nearly five years before I read his excellent work.

### CASE OF TRACHEOTOMY.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—I send you the following case of tracheotomy for insertion in your Journal, if you deem it of sufficient interest to occupy a place in its columns.

I am, Gentlemen,

Your obedient servant,

HENRY ALFORD,

Surgeon to the Taunton and Somerset Hospital.

Taunton, March 23, 1842.

William Marsh, aged 24, a tallow-chandler by trade, July 22, 1841, was admitted into the Taunton union workhouse as a vagrant. He stated that he had been suffering some months from an affection of the throat, which had been brought on by cold, and had been



kept up by exposure and insufficient clothing; he had had a syphilitic attack four or five years since, but had not suffered from secondary symptoms.

His symptoms were—difficult inspiration, hoarse voice, frequent croupy cough, with some expectoration, redness, slight swelling, and some superficial ulcerations of the tonsils and fauces; the pulse was weak, and rather frequent; he was emaciated, and looked anxious and out of health. I gave him aperients and diaphoretics, applied blisters to the throat, kept him in bed, and restricted him to a milk and farinaceous diet.

July 29. About the middle of the day an attack of urgent dyspnoea came on, and rapidly increased; I saw him about five o'clock; he was then in great distress; the inspirations were performed with great difficulty and labour; his countenance was livid and very anxious. I gave him immediately an emetic composed of ipecac., twenty grains; tartar emetic, one grain; this was followed by copious draughts of warm water, but it did not produce vomiting; the dyspnoea increased with sonorous croupy inspiration; he was bathed in a profuse perspiration, and he was rapidly getting into a state of asphyxia.

I now proceeded to open the trachea, which I did about midway between the cricoid cartilage and the top of the sternum; the thickening of the integuments from previous blistering was rather an impediment, and I was somewhat embarrassed by a process of the thyroid body, but there was no hæmorrhage requiring a ligature; I attempted to use the tracheotomy trocar, having no other tube but the canula fitted to it, but I could not make the point of the stylette enter the trachea, as the cartilages bent under the pressure; I then opened the trachea with the knife, and introduced the tube alone, fixing it in the usual way. By the time this was done, although it only occupied a few minutes, the man had become insensible, and respiration had almost ceased, being only performed by occasional gasps. He now, however, quickly rallied, consciousness returned, and in a few minutes he breathed tranquilly through the tube, all the symptoms of dyspnoea and distress being relieved. For the first few days I had some trouble in clearing the tube of mucus, and was obliged several times to take it out for that purpose; but I had so much difficulty in replacing the tube, from its circular shape, and from the collapsing of the edges of the opening, that after a short time I contrived to clear it without removal, and in a week or two he was able to manage it himself. All the wound, except the part occupied by the tube, quickly healed, and various plans of treatment were tried, with the view of removing the disease and obstruction in the larynx. I applied blisters to the nucha and behind the ears, rubbed in iodine and mercurial ointments over the larynx, put him under a mild course of mercury, used purgatives pretty freely, and finally gave him tonics and a full diet; under this treatment his health improved, and he gained flesh, but he was still unable to breathe when the tube was closed more than a few seconds without distress; indeed, on one occasion, when the tube was removed for some purpose, and accidentally mislaid, he was in great distress from urgent dyspnoea in the four or five minutes that elapsed before it could be found and replaced, the opening having been nearly closed after a few inspirations by atmospheric pressure.

He left the workhouse October 8th, much improved in health and appearance, intending to go to his own parish, Biddeford, in Devonshire.

I saw him again yesterday, nearly eight months since the operation; he was on his way to Bristol, where he intends working at his trade. He has worn the tube constantly; indeed, it has not been removed since he left the Taunton workhouse. He can now breathe by the glottis rather more easily, and for a longer time than he could, but is unable to do so without distress more than a minute or two at a time.

He has suffered no inconvenience or irritation from the presence of the tube, except for the first few days after its introduction. He has scarcely any cough, is in pretty good health, and is able to walk twenty miles a day without distress, except slight dyspnoea when walking against a hill.

## PROVINCIAL

## MEDICAL & SURGICAL JOURNAL

SATURDAY, MARCH 26, 1842.

It will be observed, by a reference to our notices of the proceedings in Parliament bearing upon medical questions, that the evils arising from the interment of the dead within the precincts of the metropolis, and other large towns, have at length attracted the attention of the legislature. The revolting abuses connected with this practice, arising partly from insufficiency of room in the burying-grounds, partly from other causes, have become known chiefly, if not entirely, through the instrumentality of Mr. Walker. To the publications of that gentleman's "Gleanings from Graveyards," and a pamphlet on the state of the burying-grounds of London, subsequently issued, we have before called attention. From the information collected, with much research, from various sources, and brought together in these works, it would appear that the indecent violation of the remains of the dead, in some establishments of this description, is almost without parallel either in ancient or modern times. Mr. Walker deserves the thanks of the public for the energy and zeal which he has displayed throughout the course of his inquiry into this subject; and it cannot but be highly gratifying to him that there is at last a prospect of substantial benefit accruing from his researches.

The question of the interment of the dead within the precincts of towns, and in the midst of a dense population, presents two separate and distinct features, each of which will be found to involve matters of deep import for reflection. This custom has its bearings as well upon the moral as upon the social condition of the people, and, followed as it now is, must prove deleterious both to the healthy state of body and mind. From the earliest periods, and amongst all nations, the disposal of the remains of those who were in life objects of veneration or regard, has been considered a religious duty. The Jew and the gentile, Christian and heathen, the man of social ties and civilised life and the roving inhabitants of the desert or the forest, have alike been accustomed to pay something like respect to the material framework, once animated and dwelt in by an intelligent essence similar to their own. The Hebrew, a passing sojourner in the land, seeks a place wherein he may bury his dead in safety out of his sight; the Egyptian endeavours to preserve the perishable form by curious arts; the Jew of later times commits the body to sepulture

in tombs hollowed out of the rock; the Roman burns it on the funeral pile, but is careful to preserve the ashes in sepulchral urns and vases; the Scythian has the tombs of his ancestors, in defence of which he will hazard his independence, his life, and the very existence of his tribe; the wild and savage races of the new world have their morai dedicated to the repose of their dead; and even the Hindoo, in casting the corpse of his relatives into the waters of the Ganges, conceives that in so doing he is providing for its purification, and committing it to the especial care of one of his gods. Amongst ourselves, a professedly Christian people, a religious and solemn ceremony is performed, when the mortal remains are transferred to what should be their final earthly resting-place; and yet—with the exception, perhaps, of the pit of Naples, devoted to the indiscriminate reception and putrefaction *en masse* of the general population of the country—nowhere are the bodies of the dead subjected, after interment, to more indecent and disgusting violation than in the graveyards of our crowded cities.

Some of the details of these practices have been mentioned on former occasions; and for a full confirmation of the statements we have made, we have only again to refer to the treatises of Mr. Walker above alluded to. The facts, however, are of daily occurrence, the subject of oft-repeated animadversion in the public press, and may be at any time witnessed by the curious inquirer, who is disposed to pay a visit to any of the crowded burial-grounds of this great city of the living and the dead. The bad moral effect of such practices upon those who live in the vicinity of the burying-grounds, and are daily in the habit of witnessing them, is evident. To estimate and guard against this evil comes more within the province of the legislature and the divine than our own; at least, it is not what we are now particularly concerned with. It is for us rather to inquire into the effects on the general health of such as are exposed to the emanations arising from these receptacles of putrefaction and decay.

We are quite aware that it has been questioned whether specific disease is ever communicable from the bodies of the dead, those diseases, of course, being excepted where—as, for instance, in small-pox—a specific virus or *materies morbi* is generated and preserved in a state of activity. Without, however, entering into the discussion of this question here, which, fully to examine it, would lead us too far from our present object, it will be sufficient to state that, whatever deteriorates the purity of the atmosphere, must be more or less noxious to those who inhale it. Instances of the rapidly fatal effects of sudden exposure to the effluvia in a state of concentration, arising from dead bodies, are of frequent occurrence. Several of these, from time to time, find their way into the newspapers, and others have been collected and made known by Mr. Walker. It would be easy to produce striking examples of mischiefs of this character occurring to sextons and others, whom various causes have brought within the immediate sphere of miasm.

In reference to such cases, it may, however, be urged that the occasional exposure of the sexton and his assistants is unavoidable, and it is more to the purpose to adduce instances of the injurious operation of putrifying animal effluvia, in the more diffused state in which it must always occur in the neighbourhood of crowded and confined burying-grounds. The noxious influence of the effluvia may be felt either by the residents or by those who are only occasionally and for a short time exposed to them. Belonging to the latter class are the many and alarming instances of indisposition felt by persons on entering churches, chapels, and school-rooms, erected over vaults, and the nausea and sense of oppression experienced after remaining a short time in the grounds of some of the more crowded cemeteries. Under the former must be classed the depressed and sickly state of the families residing in the neighbourhood of some of these pestilential places, and the severe and even fatal disease with which the habitations situated immediately around them are not unfrequently visited.

We are told that it is a rule with gravediggers to avoid, as much as possible, the inhalation of the gases given off from the putrifying bodies of the dead, and this derived from observation of its injurious effects. Yet are whole families heedlessly exposed to the constant respiration of the very same effluvia, when diffused through and diluted by the surrounding atmosphere, in which, however, its presence is sufficiently marked, both by the heavy and oppressive odour, and by other physical phenomena, which may be readily appreciated. Thus meat, as we are informed, becomes rapidly putrid when exposed in houses in the neighbourhood of some of these grounds—a fact which has been repeatedly observed also under similar circumstances in France. With these and other like facts before us, we cannot but think that Mr. Walker has some ground for attributing the malignant and severe fevers which prevail in such localities to the corrupted state of the air, especially in the absence of other causes to which fevers of this description are commonly traced.

The remedy for the evil is obvious; and although there may be difficulties in the way of its removal, we cannot do better than return to the practices of ancient times, and adopt the regulation, "*Hominem mortuum in urbe ne sepelito neve urito.*" We trust that the investigation about to be undertaken by the committee, recently appointed by the House of Commons, will not only put an end to the many abuses so openly practised in the present crowded cemeteries, but prove successful also in pointing out some method by which the difficulties attendant upon a removal of the places of interment without the precincts of towns may be overcome, without imposing heavier expense, especially upon the poor, than they are now called upon to bear.

It is again our painful duty to revert to the miserable effects resulting from the insufficient medical arrangements for the relief of the sick poor. We are the more induced to revert to this point because it is evi-



dent that some of the more important provisions of the new code of regulations, promulgated by the commission, have been directed to meet the remonstrances urged against special instances of maladministration in several of the cases which have formed the subject of public reprehension. What we are now desirous of pointing out, is the utter disregard evinced by many of the boards of guardians to the remonstrances of the medical officers directed against the over-crowding of the union workhouses, and especially the sleeping apartments for the children and the sick. The miserable state of the infants in the North Dublin union workhouse we brought before our readers some weeks back. An investigation has since been ordered, and an inspection made by competent medical authorities, for the result of which we may refer to the report of Drs. Kennedy and Corrigan, published in our 24th Number. It will, however, be in the recollection of our readers that, according to the statement of the medical officers of the Dublin union, there were, at the time of the primary investigation before the board of guardians, no less than twenty children whose death was declared to be inevitable without removing them from the workhouse into the country. This predicted event has, as we are informed, since taken place, and the unfortunate little sufferers have fallen victims to the system pursued, notwithstanding the urgent and repeated remonstrances of the medical officers. Let it not be supposed, however, that this lamentable occurrence, with all its enormity, is a special case, or that it forms an exception instead of being the rule. It should not be forgotten that Mr. Assistant Commissioner Phelan, in whose presence this among other appalling statements was made, then took occasion to felicitate himself and the guardians that the occurrences in the North Dublin union were not worse than what takes place in other establishments of the like description.

We believe the commissioner to be more correct in this admission of the extensive prevalence of the evils than he was perhaps aware of at the time he made it. Scarcely a week passes without fresh instances of a like character coming under notice, and how many escape the public eye none can say. The past winter has indeed been one of great suffering and privation to the poor, and notwithstanding every impediment so ingeniously devised and so perseveringly thrown in the way of those who are fitting objects for parochial relief, the applicants have been far more numerous than could be received, without serious injury, within the walls of the union establishments. It has been attempted, however, in numerous instances, to make these buildings, notwithstanding the insufficiency of their accommodation, the receptacles for the families of the destitute poor to an extent which has converted many of them into little better than pest-houses to the children, and nurseries for the generation of scrofula in all its forms and with all its attendant evils. The union medical officers have made repeated representations of the results to be expected, and pointed out, in most cases it is to be feared without avail, the inevitable mischiefs to the present and

future health of the unhappy inmates. But the regulations of the Somerset-house commission, like the laws of the Medes and Persians which alter not, must be followed, it appears, at every risk, and relief is to be positively refused to the destitute and the starving unless the right to obtain it be acquired by the barter of the liberty of the recipient, and the temporary or total deprivation, as the case may be, of every social comfort.

Within the walls of the union workhouse, therefore, must those who receive relief from parochial funds be congregated and confined—the number condemned to one cell, whether of adults or children, and made to partake of the same bed, matters not. Young females, the children of honest and respectable parents, whom circumstances have reduced to poverty, lie in the same ward, sleep it may be in the same bed, with the profligate and the dissolute, while the moral contamination generated by the contact is no less apparent and destructive than the bodily disease which inevitably results. But is the temporary prevalence of want and destitution, to a great extent, always to be thus met by crowding together the inmates of the workhouse until the number of those collected poison the very atmosphere and produce their own diminution? Or are the small parishes in all such cases to be called upon to make a permanent provision against a temporary requirement, and to expend a large sum in the erection of additions to buildings already of unwieldy and injurious extent?

The position is absurd, and ought not to be entertained for a moment. The compulsion to residence within the workhouse should be absolute neither upon the aged, the sick, nor the deserving. The guardians should beware how they break the social ties of family, and subject those who have been accustomed to respect them to the evil examples which are to be met with in these institutions for the propagation of vice; and while the idle and the dissolute should be refused relief, when it is evident that they are unwilling to work, a wide distinction should be made in favour of those who are willing but unable to obtain employment, or disabled by sickness or infirmity from following it up. To subject the worthless to irreparable injury, to sickness, perhaps to death, is unjustifiable in the extreme, and would not be tolerated in the prisons to which their evil deeds so frequently bring them; but to compel the honest and poverty-stricken labourer or artisan and his family, desirous but unable to gain their own bread, indiscriminately to associate with such characters, and to suffer morally and bodily from such an association, is an act of oppression more atrocious than can well be characterised.

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We would direct the attention of our readers to the letter of Mr. Guthrie, and the regulations of the poor-law commissioners relative to poor-law medical relief. The efforts of the profession have at length been crowned with some success.



## WESTMINSTER MEDICAL SOCIETY.

Saturday, March 19, 1842.

Mr. H. J. JOHNSON, President.

## PARALYSIS OF THE PORTIO DURA.—INFLAMMATION AND WASTING OF THE DELTOID MUSCLE.

There being no paper to be brought forward for discussion

Mr. STREETER drew the attention of members present, to some cases of paralysis of the portio dura from cold; he had on a former occasion brought three cases of the same kind before the society. Since Christmas, he had been called in to attend another case of a similar nature; it was very singular that many of these cases recovered by care and attention. The case to which he had alluded, had occurred in a child five years of age, who had been subject to fits. There was some swelling of the right side, and the nervous branches of the orbicularis palpebrarum were slightly affected. When called in, he at once gave his opinion that the cause of the affection was from cold. There was no pain in the ear, nor any cerebral disturbance. He viewed the case as one of inflammation of the nervous sheath, and treated it by leeches, poultices, fomentations, and warmth. The muscles had now recovered their functions. Many of these cases did not, however, recover as favourably. If the inflammation of the nervous sheath was in that part of it enclosed within a bony canal, it might be permanent. The child had now recovered for about five weeks, and for the last two weeks it had been quite well. The little patient had at one time shown a disposition to hypertrophy of the brain, which had been subdued by proper remedial means combined with change of air. As there was no specific subject before the society he would beg to draw their attention to the subject of whooping-cough, which, according to the recent returns of mortality, had been fatal in between 2,000 and 3,000 cases.

Mr. SNOW observed that, since Mr. Streeter had brought forward his case of paralysis of the portio dura, he had seen one case of the kind which went to prove the truth of Mr. Streeter's observation, that when uncomplicated with any organic alteration, this affection might be considered almost a harmless one. In the case to which he alluded, there were many dyspeptic symptoms present, and the orbicularis palpebrarum muscle was paralysed, the eyeball was kept constantly moistened with a warm cloth to prevent desiccation of the eye. To a question from Dr. V. Pettigrew, Mr. Snow replied that there was no pain or enlargement of the parotid gland.

Dr. CHOWNE remarked that the general issue of these cases of paralysis of the portio dura was not so favourable, he only recollected one case in which the paralysis had gone off. Many serious evils resulted in these cases from the open eyelid; dust, air, and smoke would cause the eye to suffer very much. The muscles of the face were very liable in these cases to waste; the disease was a harmless one, and would not destroy life. He saw a case of the kind occur in an elderly man who was apoplectic. The diagnosis was easy, but the pathology was obscure, and he believed that it most frequently resulted from cold.

Dr. V. PETTIGREW observed, that these cases depended either on cold, or pressure, or the predominance of acidity in the stomach. The latter cause was a very common one. If a portion of bone pressed upon the nervous sheath in its passage through the Fallopiian canal, deafness might be combined with the other symptoms, either from an inactive state of the auditory nerves, or from disease of the chorda tympani. He recollected one case in which paralysis of the portio dura and tic douloureux were caused by acidity of the stomach. He knew one case in which a spasmodic action through one of these nervous branches was

brought on whenever the levator labii superioris muscle was put into action; when the patient laughed, he was sometimes suddenly obliged to stop from the severe pain, which would last for several minutes; in this case he had advised the patient to have the muscle divided, but as he had a great horror of the knife, he would not consent to it. The effect of muscular action upon the arteries was very great; the arterial action was first quickened, the nervous power was then impeded, and lastly the circulation in the cutaneous veins became more full and rapid. It was a theory of Mr. Wardrop's, that the cutaneous veins were the safeguards of the lungs.

Mr. STREETER observed, that he should regret if any observations which had fallen from him should lead members to suppose that the state of a patient labouring under paralysis of the portio dura, was one devoid of danger; he believed that such cases were generally accompanied by inflammation, effusion, and pressure upon the nervous trunks. Such cases generally required a twelvemonth for their perfect removal. He generally watched such cases narrowly every day; if the prognosis was favourable, he left the case more to the power of nature; but, generally speaking, even these cases required the frequent application of blister to promote absorption.

Dr. CHOWNE considered that it was difficult always to ascribe a cause for these cases. The most common symptoms were those of an inflammatory character; the pain was sometimes very acute, and the paralytic state speedily followed it. The degree of immobility of the muscles of the face was very extraordinary; the paralysed side was still and stolid, whilst the other side was cheerful and animated; the immobility was greater than in ordinary cases of paralysis.

Mr. ELLIOTT inquired whether worms were ever met with in such cases, as tending to cause muscular irritability. He believed, with Dr. Pettigrew, that acidity of stomach, and derangement of the digestive organs might produce some of the phenomena of paralysis; he believed that the numbness of the arm alluded to by Dr. Pettigrew was of a very anomalous kind.

Dr. CHOWNE was desirous of knowing whether the President had met with any cases of paralysis of the portio dura of a permanent kind?

The PRESIDENT replied that the first case which he had met with, was of a physician of Naples, who, in travelling in a stage coach, had been exposed to a severe draught of cold air, which had brought on this peculiar form of paralysis; he went through the most approved plan of treatment, but in the course of a month he was very little better. In two other cases there had been inflammation of the conjunctiva, with great irritation of the eye, and the muscles of the face had wasted. In the third case the paralysis had been caused by the patient standing near an open window, and taking cold. The symptoms were subdued by leeches and purgatives. In neither of these cases was there any lesion of the brain or spinal marrow. He recollected a case in which there was inflammation of the sheath of the parotid gland in a gentleman subject to gout; depletion subdued this, and as the inflammation subsided the paralysis improved.

Mr. CHANCE alluded to a case occurring in the Middlesex Hospital, in which inflammation was supposed to be the cause of the paralysis; leeches and blisters were employed to subdue this; the result of the case, however, he did not know. In another case, which lasted four months, leeches, blisters, and purgative medicines had been employed; the case was much benefited by the treatment, but the recovery was not quite perfect. He alluded to a case formerly quoted by Mr. Snow, in which severe and almost immediate stupor had followed the application of a grain of the acetate of morphia to a blistered surface; he (Mr. Chance) had never met with such rapid and decided effects from following the same plan of treatment; he believed that the endemic application of



narcotic medicines was frequently preferable to their administration by the mouth. He had administered as much as two grains of morphia in some painful nervous affections; yet even in this large quantity, relief had only been obtained after an interval of two hours.

Mr. SNOW remarked that, in the case to which he had formerly alluded, he was led to believe that the nerves of sensation only were affected, or, perhaps, the severe effect upon these nervous trunks might have caused a sympathetic action in other nervous branches.

Dr. A. B. THOMPSON had seen cutaneous ulceration ensue as a consequence of applying morphia over an abraded surface. In a case which was under the care of Dr. Graves, in Dublin, one-sixth of a grain of strychnine had been applied to a blistered surface, but no untoward results had occurred. He considered the application of morphia in this manner to be a very dangerous one.

Some conversation here occurred, in which MESSRS. Chance, Snow, and Clarke, took part, which was terminated by the inquiry of the President, whether in Mr. Snow's case there had been any difficulty in raising the arm?

Mr. SNOW replied in the affirmative, adding, that the patient could not throw the arm forward without pain.

THE PRESIDENT observed that he had been induced to ask the question, as he had seen several cases of a similar kind. One occurred to a navigator, in St. George's Hospital; many remedies had been tried, but without avail; moxa had been tried, and so effectually as to cause the patient to decamp. He had under his care a gentleman who, when with his regiment in Ireland, had been harassed by very severe and dangerous service, and exposed to severe atmospheric changes. The result of this was, that he one day found himself unable to move his arm. He could neither carry it backwards, nor raise it to a horizontal position. There was much pain accompanying motion, and the deltoid muscle was wasted. Pressure over the head of the humerus gave great pain. When first he saw these symptoms, he came to the conclusion that the sheath or fibrous tissue of the deltoid muscle was inflamed, and the circumflex nerve participated in the mischief. Blisters, leeches, colchicum and calomel, and opium, were employed, but the pain and wasting of the muscle continued. Mr. Keate saw the patient, and took the same view of the case; the same remedies were again tried, but without avail, and Colonel Coffin went down to Brighton. There he was under the care of Dr. Hare, who employed electricity—a remedy which he (the President) did not think an advisable one in such a case. No good, however, resulted from it; and now the other arm became affected, the same remedies (leeches, blisters, colchicum and calomel, and opium), were applied as in the former affection, and with somewhat better results; for though the muscle wasted, there was still some motor power present. The patient had thus lost the use of one arm, whilst the other was only moderately serviceable. In reflecting upon such cases as these, he was induced to consider that they required very strong and active treatment, which should consist of such remedies as those he had named. He did not use strychnine or morphia in these cases; he had never seen any good or bad effects from either of these remedies.

Dr. V. PETTIGREW observed that such cases as those described by the President were not uncommon. The guard of a mail coach was attacked with rheumatism, and was unable to raise his arm. All the means that had been previously named had been resorted to, but without any good effect occurring; but an old woman's remedy cured every symptom—it was the application of hot vinegar to the part for three hours, for seventeen successive days, at the end

of which time he was well. He had also a gentleman under his care with a similar affection, and in which the same remedy had succeeded. It was a custom at the opera, when the dancers sprained their ankles or feet, to plunge them into hot vinegar, which immediately relieved them.

After some further observations from Dr. Leonard Stewart, Mr. Snow, and others, the society adjourned.

## PATHOLOGICAL SOCIETY OF BIRMINGHAM.

March 5, 1842.

FREDERICK RYLAND, Esq., in the Chair.

### DISEASE OF KIDNEY.

A specimen of dilated pelvis of the right kidney, which had been sent to the secretaries by Mr. Hadley, was exhibited to the society. The person in whom the disease occurred was a man of 65 years of age, of spare habit, and suffered much from asthma; he had not been under any medical gentleman's care; he died suddenly on the 26th of February. On examination of the body on the 1st instant, effusion was found underneath the pia mater, which was thickened in patches. On the right side of the chest elongated adhesions were found in the pleura, and the lung was much engorged with dark blood, considerably softened, and did not crepitate on pressure. The right pleura was healthy. In the upper portion of the right lung there was a small cavity, the parietes of which were somewhat ossified; the lung itself was much engorged with blood. The heart was generally dilated. The mucous membrane of the stomach presented red and inflamed patches; the other contents of the abdomen were healthy. The left kidney was found healthy. The pelvis of the right was dilated so as to be capable of containing a pint of turbid urine, by which it was much distended. The substance of the kidney was nearly obliterated, but its artery and veins were of the normal size. The ureter of this kidney was described as being nearly obliterated.

Dr. FLETCHER believed that the dilatation of the pelvis of the kidney was the result of obstruction, existing in some part of the course of the ureter; and illustrated this position by a preparation, which he exhibited to the society, in which the ureter was obstructed by carcinoma at its inferior portion, which had caused dilatation of the whole of the ureter above it, dilatation of the pelvis, and absorption of the structure of the kidney; and he thought that death had taken place in Mr. Hadley's case from the absorption of urea.

### FUNGOID DISEASE.—RUPTURE OF GALL-BLADDER.

A specimen of fungoid disease was brought forward, which had been sent by Mr. Ryan, of Sutton Coldfield. He had taken it from just above the left mamma of a female, aged about 37. It had been treated by caustics by an uneducated quack practitioner. Constitutional irritation, miscarriage of a seven months' child, and death, had taken place.

Dr. FLETCHER then brought before the notice of the society a ruptured gall-bladder, which had been presented to him, some months previously, by Mr. Hazlehurst, of Claverley. On July 3, 1841, the patient in whom it was found was taken suddenly ill with pains in the abdomen, after fighting, so as to render him unable to walk home. Peritonitis succeeded, and he sunk, and died in the afternoon of the 5th. There were no marks of external violence in any part of the region of the gall-bladder.

Mr. HONGSON said he had heard something of the case now before the society, from Mr. Hazlehurst, and believed that the gall-bladder was not healthy. He knew of another case, from which, and from experiments which were performed in consequence of



it, he believed that rupture of a healthy gall-bladder, in which the ducts were not obstructed, could not take place from external violence. The case he alluded to was that of a gentleman who had died from peritonitis, and on examination the gall-bladder was found ruptured. A judicial inquiry was about to take place, but some experiments were performed upon sheep's gall-bladders, and it was found that it was impossible to burst them, by striking them with the flat side of a cleaver, as they lay upon a butcher's bench attached to the liver and intestines.

Mr. HAZLEHUST's description of this gall-bladder, as it appeared at the time the body was opened, bore out Mr. Hodgson's opinion. He said, "the gall-bladder was thickened on its back part, where it was connected with the liver, and internally it was studded and inclined to ulceration."

## LEEDS GENERAL INFIRMARY.

[*Practice of Mr. T. P. Teale.*]

DISEASE OF THE UPPER JAW.—EXCISION OF THE RIGHT SUPERIOR MAXILLARY BONE, AND PART OF THE LEFT.

[Reported by Mr. Gibbes.]

Jane Cran, aged 16 years, admitted into the Leeds Infirmary on account of a tumour affecting the upper jaw.

About five years ago she suffered severe pain in the teeth and gums of the right superior maxilla, and a small tumour appeared on the outer side of the gums. It enlarged slowly at first, but its increase has been much more rapid during the last two months.

On admission, the right side of the face presented a considerable prominence, and the nose was displaced towards the left side. A tumour, larger than a hen's egg, occupied the upper jaw. It extended transversely from the right second molar to the left canine tooth. The diseased mass implicated the external surface of the alveoli as low as the teeth, which, however, appeared healthy, and were firmly attached. Between the teeth and the lip it formed a rounded projection, generally possessing a considerable degree of hardness, but in some parts was slightly elastic. Numerous varicose veins were seen ramifying on the mucous membrane which covered the tumour in this situation. The disease extended upwards nearly to the edge of the orbit, filling entirely the right canine fossa, compressing and completely closing the right nostril, and diminishing the capacity of the left. The malar bone, pterygoid process, bony palate, and the internal surface of the alveoli, were not implicated in the disease. Her general health was good. The catamenia had not yet appeared.

Feb. 26, one, p.m. The patient being seated in a chair, and supported by assistants, Mr. Teale commenced an incision over the nasal process of the right superior maxillary bone, and extended it downwards by the side of the nose into the right nostril, and through the upper lip in the median line. A bistoury was then introduced into the mouth and pushed through the right cheek, its point being made to penetrate the integuments a little above the middle of the zygoma; the substance of the cheek was then divided by drawing the instrument downwards to the angle of the mouth. By the point of the bistoury a line of incision was next traced along the palate, in the direction of the transverse palatal suture on the right side as far as the median line, and thence obliquely forwards to the alveolus of the left canine tooth, which had been previously extracted. The flap formed by the right cheek was dissected upwards, until the inferior edge of the orbit and the body of

the malar bone were freely exposed, and by the handle of a scalpel the contents of the orbit were detached from its floor. A groove was now made by a few touches of a saw across the body of the malar bone, extending in an oblique direction upwards and inwards, and another groove in the left superior maxillary bone over the canine alveolus. The bone scissors were now employed for effecting a section of the nasal process and floor of the orbit into the sphenomaxillary fissure. The body of the malar bone was next divided, and the section continued into the sphenomaxillary fissure. The left alveolar arch was then divided, and the section extended obliquely backwards and inwards, throughout the greater part of the floor of the left nostril. The diseased parts still felt firmly attached, and the bone scissors were again applied to the nasal process and to the malar bone, after which the entire mass of disease felt completely released from its osseous connections. Mr. Teale now depressed the tumour, and divided the infra-orbital nerve, and a few other soft attachments from above downwards, until he reached the soft palate, which was carefully divided, and allowed to remain attached to the pterygoid process, and to the palatal process of the right palatal bone. Four or five arteries which bled freely when the facial integuments and the cheek were divided, were secured by ligature. There was not any hæmorrhage from the internal maxillary artery or its branches requiring ligature. The patient, having borne the operation with great fortitude, was now placed in the recumbent posture. The cavity being lightly filled with lint, the wound in the median line of the lip was closed by two twisted sutures, and the angle of the mouth was united by one pin, and the remainder of the incision closed by several stitches. No dressings were applied.

The tumour was found to implicate, almost exclusively, the outer shell of the superior maxillary bone and the external wall of the alveoli. These parts had entirely lost their osseous character, and were converted into a firm elastic substance, of a brown colour, covered externally by thickened periosteum, and internally traversed by several firm white fibrous bands. The antrum, the bony palate, and the palatal wall of the alveoli, were healthy.

The patient, on being removed to bed, appeared considerably exhausted, but soon rallied under the use of stimulants, after which an opiate was given.

8, p.m. The pulse has improved, and she is inclined to sleep; no hæmorrhage; she swallows liquids tolerably well.

27. Has passed a good night; pulse 120, feeble.

28. She is proceeding favourably; the pins removed, but the twisted silk allowed to remain adherent to the wounds; a few of the stitches also removed.

March 1. The remaining stitches removed; perfect union of the incisions has occurred.

2. Pulse 88; suppuration commencing in the mouth.

4. Fetid discharge from the mouth; stomach disordered, probably in consequence of the offensive discharge having been swallowed. Ordered a dose of castor oil; a gargle of chloride of sodium to be used frequently; and a draught containing chloride of sodium to be taken thrice a-day.

6. Stomach relieved; the lint has entirely come away; and the cheek falls loosely inwards.

8. Her strength is rapidly returning; the internal cavity is granulating freely.

12. Proceeding favourably.

15. The cheek is less flaccid, in consequence of the increased deposit in the interior of the mouth; power of speech improved; deglutition performed without difficulty. To take mutton and a little ale for dinner.

18. The cheek has nearly regained its natural prominence, and scarcely any deformity remains; she feels perfectly well, and her speech is much improved.



ROYAL BERKSHIRE HOSPITAL.

[Practice of Mr. F. A. Bulley.]

SCROFULOUS SYNOVIAL INFLAMMATION OF THE KNEE-JOINT.

David Cordery, aged 9 years, a little boy, of a pale, delicate, and strumous appearance, was admitted into the hospital Dec. 24, 1840, on account of a severe pain in the right knee, which he had experienced for three or four months previously, especially at night. There was no perceptible alteration in the appearance of the joint, but he was unable to bear his weight upon it, or even to flex it to any considerable extent, without great pain. His brother, somewhat older, had been a patient in the hospital some time before for a similar, but more advanced disease of the hip-joint; and his father and sister had suffered from white swelling in the knee-joints; it was therefore clear that he inherited the strumous disposition from his parents, who, being only poor labouring people, were unable to provide either for themselves or him more than a very insufficient quantity of daily sustenance. Six leeches to be applied to the affected joint, and a poultice to be applied at night, with the strictest rest of the joint in bed; extra diet, with a pint of beer daily.

25. The pain is somewhat relieved by the application of the leeches. On getting out of bed this morning, he found that standing occasioned him less pain in the joint.

27. The poultice has been applied constantly with gradual relief to the pain. Apply four leeches.

Dec. 6. He has been progressively improving since last report, at least as far as the power of bearing on the joint is concerned; but is still unable to straighten the knee, unless he places his hand upon the patella, and presses it down upon the joint.

Iodine, thirty grains;

Rectified spirit, one ounce. A lotion.

To be applied to the joint with a camel's hair brush every morning.

Diluted nitric acid, half an ounce. Take fifteen drops twice a day in a cup of cold water.

12. Besides the tincture applied in the morning, slight friction has been daily used to the joint. He can now fully extend the limb without pain, or the necessity of using his hand to press upon the patella, and he can now walk across the ward without pain.

16. There is a great improvement since last report, and he can walk briskly and even run across the ward without any feeling of inconvenience.

22. The joint has remained perfectly free from pain since last report. The tincture to be left off; friction to be continued; an Indian rubber knee-cap to be worn upon the joint.

Feb. 11. There is now no difference in the mobility of the two joints; no pain or stiffness in walking, and his general health is greatly improved. He was therefore discharged from the hospital apparently quite cured of his complaints.

This case was probably an instance of inflammation of the synovial membrane of the joint in its earliest and most manageable stage. Had the disease been allowed to proceed unchecked, it would have gone on, no doubt, as these cases commonly do, to an increased secretion of the synovial fluid into the cavity of the joint, and the conversion of the synovial membrane into a thickened glisty substance, and would probably have ended in ulceration of the cartilages, and the destruction of the articulation. On the whole, perhaps, these scrofulous affections of the synovial membranes alone of the joints in young children, are not so common as those which arise from an altered and softened condition of the cancellous structure of

the ends of the bones composing the joints, which has been so accurately described by Sir B. Brodie; but this may be from this latter disease so seldom coming under early observation, and in many cases, perhaps, this softened state of the bones is the progressive consequence of primary synovial inflammation, neglected or not noticed by the parents at first; at least, this is the result of my own observation, having never seen a case in which a joint had become enlarged from a softening change in the ends of the bones composing it, where an altered condition of the synovial membrane was not apparent, and where pain and stiffness of the joint, indicative of this change, had not, upon inquiry, existed for a long time before the joint had become enlarged, or shown any visible signs of alteration from its natural healthy state. The treatment I have found answer in these cases has been of a simple kind, rest and the repeated application of leeches, and subsequently the iodine locally to the joint, having generally been sufficient to prevent the progress of the disease.

I saw the little patient a short time ago, and heard that, although more than a year had elapsed since he was under treatment, he had had no return of his complaints; and he had, to all appearance, lost the peculiar strumous look which he had before he came to the hospital. He had been taking at times during the interval the dilute nitric acid, to which I attribute, in a great measure, the beneficial change which had occurred in his system.

CARTILAGINOUS EXCRESCENCES IN THE RECTUM.

NEURALGIA.

Thomas Lewis, aged 39, a painter by trade, admitted August 3, 1841. He stated that, for many years past, he had suffered at times from the most excruciating pain round the margin of the anus, and in the rectum, especially after going to stool. He remembered having had pain in these situations even when a boy; but it was not urgent then, and it did not seem to affect in any way his general health. He had, however, found it gradually increase; until after some years the pain had become so agonising, that he was obliged to apply to a surgeon for relief. His disease then left him for a time. He had subsequently had many similar attacks, which usually lasted a few months, and then again left him. His present feelings were as follows:—He had been suffering from his complaints about a month prior to admission. After going to stool he experienced, for some hours, the most distressing sensations in the lower part of the rectum and anus, which he described as of a very burning and shooting kind, which, after continuing for some time, left him by degrees, until he again went to stool, when the same disagreeable feelings returned, and continued in the same way daily. It was all the same, whether his bowels were open or confined; the same agonising pains affected him at these times. They were, however, a little more severe when the motions that he passed were harder than usual. Although his general health had not materially suffered, his spirits had now become sensibly affected, and he had a depressed and anxious look. He had usually, in his former attacks, not been troubled by the pain at night, nor, indeed, at any other time than after going to stool; but lately he had felt sharp pangs while he was dozing, or when suddenly disturbed, which, besides producing an excruciating darting pain in the part, threw him into a very irritable and restless state. His stools were generally small, and somewhat angular, and he had been told that his complaints depended on a constriction of the rectum; but whether this was a medical opinion, or not, I did not think to ascertain. I could not, however, make out that the part had ever been minutely examined.

There was a small warty excrescence outside the anus, apparently a shrunken pile, which did not seem



to be capable of causing any considerable pain. Just within the sphincter, at the posterior part, a broad flat mass of a granular cartilaginous growth, like the vegetations of warts, but extremely hard, was distinguishable to the feel. No portions of this growth could be extruded by the patient's straining, but it evidently encroached upon the aperture of the anus, at all times narrowing the passage. There was no appearance of ulceration of any part of its surface. By means of a speculum I was enabled to observe its appearance minutely, which was that of a broadish mass of cartilaginous granules, growing from the internal part of the sphincter and, within the rectum, at its posterior part.

Aug. 4. Extract of stramonium, one drachm;  
Oxide of lead, one drachm and a half;  
Spermæti, one ounce and a half. Make an ointment.

To be introduced into the rectum, and smeared over the diseased growth, twice a-day.

Carbonate of iron, twelve grains. A powder to be taken twice a-day.

12. The ointment has produced no relief to his symptoms. His bowels are somewhat confined.

Extract of belladonna, two drachms;  
Spermæti, four drachms. An ointment.

To be used in the same manner as the first.

Mixture with magnesia and sulphate of magnesia, twice a-day.

14. The ointment has produced slight relief to the pain, but no alteration in the appearance of the disease. He was recommended to introduce a rectum bougie, smeared with strong mercurial ointment, allowing it to remain for half an hour in the rectum each time. To take Ward's paste. From this time he gradually improved. The pressure of the bougie, combined with the action of the mercurial ointment upon the surface of the morbid growth, seemed to produce its absorption. He shortly afterwards lost the painful sensations after going to stool, and as his general health appeared to be tolerably good, and as only a slight roughness of the surface of the part of the sphincter from which the growth had proceeded remained, he was discharged from the hospital. I have not seen him very lately, but I have every reason to believe he has had no return of his complaints.

The symptoms in the foregoing case so exactly resembled those of fissure of the anus, so accurately described in the last week's number of the "Provincial Journal," by M. Trousseau, that it would seem at first sight to have belonged to the same class of diseases. "The characteristic sign of fissure of the anus is a fixed pain in some point round the margin of the anus; the pain is always increased during the evacuation of the bowels, and is mitigated during the interval between each stool. When the patient goes to stool, he feels a sensation of heat and scalding, followed by pulsation and lancinating pain in the fundament; these occur so constantly that the patients feel a great repugnance to go to stool, are deprived of sleep and so suffer in their general health. The fissure when examined commonly appears like one of those cracks which we see on the lips or on the nipples of nurses, and generally occupies the radiating folds of the anus."—*Provincial Journal*.—In this case, however, there was, as far as I can recollect, no appearance of fissure of the anus, but only the peculiar cartilaginous vegetations inside the sphincter, which I have described, and which the application of the mercurial ointment with the bougie seemed to have been principally instrumental in removing.

## NEW POOR-LAW MEDICAL REGULATIONS.

We have been favoured with the following documents by Mr. Hovell, of Clapton.

4, Berkeley-street, Berkeley-square,  
March 12, 1842.

MY DEAR SIR,—I transmit you herewith a copy of the medical order of the poor-law commissioners, with their explanatory letter accompanying it. You will perceive that the mode of obtaining the services of medical men by tender is abolished, and that they will, on the expiration of the present contracts, hold their places in future, subject only to death, resignation, or legal disqualification; and whenever, from circumstances, it may be necessary to ask publicly for the services of any physician, surgeon, or apothecary, the sum to be paid for such services is required to be stated; and as it must have been previously approved by the poor-law commissioners, a return to the system of tender will be prevented, but which, without this check, would have been in all probability attempted.

You and the profession at large will readily acquit me of having had any thing to do with the qualification part of the order, amended as it is by the explanatory letter. It was my wish that the double qualification of physician of any university, or legally constituted college in the United Kingdom, and of surgeon of any one of the three Royal Colleges of Surgeons, or of one of these surgeons being also a member of the Society of Apothecaries, or in practice before 1815, should have been the qualification required by their order, the medical examination by the heads of departments of the public service being considered equal to that of the examiners of the Society of Apothecaries, without reference to 1826, as stated in article 4 of the qualification order. There appeared to be some objections to these propositions which the legal advisers of the poor-law commissioners could not surmount; but Mr. G. C. Lewis, the only commissioner then in London, was so sensible of their propriety, that he offered to propose to the Secretary of State to see me with him on this particular point. In the mean time the Secretary of State was pleased to transmit to me, in my official capacity, the heads of a bill for the improvement of the medical profession, which he intended to introduce into Parliament this session; and as this bill, if carried into effect, will settle the matter in a manner which will be highly satisfactory, it was not worth while pressing any further alteration at this moment on the attention of the poor-law commissioners.

With respect to the rates of *extra* payments for surgical and midwifery cases, the medical profession and the poor are greatly indebted to the kindness, the humanity, and the liberality of Mr. Lewis. The only point with which I have had nothing to do, is that which relates to the consultation certificate, and which will of course follow the fate of the other qualification clauses.

I understand the sum of twenty shillings to be justly claimed by the surgeon when the distance from his own house in an ordinary case exceeds two miles. The sum of forty shillings for difficult and protracted cases cannot I think be misunderstood.

The maximum area and population of medical districts are in progress of diminution; nevertheless, a district of 15,000 acres, or a rural population of 15,000 persons, the quantities assigned by the order, are both one half too large for one medical officer, it being impossible that the sick poor can be justly and fairly attended to by him, although there may be many reasons why unions or districts of this extent and population should exist. In all such cases the medical officers should be multiplied; no one should be allowed to go more than three miles from his own door, if it can be avoided; and if there should happen to be eight, ten, or more parishes in any of these unions,



and a qualified practitioner can be found in every parish, he should be employed and held responsible for his own conduct, but not for that of any of his coadjutors.

It is not, however, in my opinion, advisable for the members of the medical profession to interfere or to give themselves any trouble on this subject, as it is one the boards of guardians will themselves correct, as soon as the remaining and the only grievance, as I venture to think, which really and seriously interests the medical man is removed. That grievance is the absence of a principle, or the want of recognition by the poor-law commissioners of a principle, by which the remuneration of medical practitioners for their ordinary services shall be regulated.

There is no part of this subject that I have not thoroughly investigated from the best possible sources of information, and when I stated to you in my last letter, that the total sum paid to the doctors was not half what it ought to be, I stated less than the truth; for in many parts of England it is not one third, although in others nearer London it sometimes approaches the sum which ought to be paid according to those computations which the poor-law commissioners do not disavow, and which are so often alluded to in the reports of their own assistant commissioners, and particularly in those of my very able friend Colonel Wade.

A person not conversant with this subject will naturally express surprise that any man or set of men should wish to work out details without a guiding principle; because such person, or, indeed, any one acquainted with the ordinary terms of business, must be aware that it cannot be done in a satisfactory manner; for where many parties are concerned, disagreements must necessarily take place, which would not occur if a principle of remuneration were fairly established. It is supposed that the poor-law commissioners have the power of establishing this principle if they pleased so to do; it is, however, a point which I could not, consistently with that courtesy which is due to all public functionaries, press on Mr. G. Lewis, and I really cannot say whether they have the power or not; but if they have not, they ought to have it, and to exercise it, for nothing can be more unreasonable than for one board of guardians to be permitted to estimate the services of a surgeon at thirty pounds; whilst another board, more liberal, values similar services at sixty; and a third board considers the same services worth, and actually gives, a hundred. These gentlemen form their estimate on no rule or principle beyond their own good pleasure, and the situation of the apothecary, whose poverty, but not his will consents, forces him often to take a sum for his services which will not enable him to perform them. They are, therefore, not performed, and the poor have only the semblance of medical assistance, but not the reality, in many parts of the kingdom; and they never will have it until a principle of remuneration for medical services shall be laid down and enforced by the poor-law commissioners.

The mischief has been done by the boards of guardians, who have beaten down the doctors to such extent by the tender system, and the introduction of new persons, frequently incompetent as medical men, where the old ones have resisted, that the poor-law commissioners do not like, it appears to me, to make them act on any principle which shall have the effect of materially increasing the salaries of the medical officers; although, by so doing, they will secure to the poor the effective attendance of capable and humane practitioners.

I am aware that gentlemen of great ability have been often engaged by the boards of guardians as union doctors, but then, they do not secure their effective services; they only obtain, in the greater number of instances, those of their apprentices or students, who are often utterly incompetent to fill

their places; and some of these young gentlemen have made a merit with me, in my official capacity as president of the college, that they had for two or three years attended the poor without knowing anything more of anatomy, physic, or surgery, than they could pick up behind the counter of an apothecary's or druggist's shop. I did intimate to the poor-law commissioners that no assistant should be allowed to act for his principal, unless he possessed, at least, one qualification, either from the College of Surgeons or from the Society of Apothecaries; but I did not feel I should be justified in urging this point on their attention, unless their order was to be accompanied by another, which should so augment the salaries of the union surgeons as to enable them to meet this additional expense.

Two principles of remuneration have been proposed to, and acknowledged by, the poor-law commissioners. One is to allow the doctor from threepence to sixpence a-year for each person, sick or well, in every rural district; and from three-halfpence to twopence in every town district. Threepence per head when the rural district is small, fourpence-halfpenny when larger, and sixpence when it is extensive and the population is dispersed.

It is a fair and honest proposition, and, beyond all comparison, the best; because it conceals nothing, and admits of the most prompt and perfect assistance being given to the poor.

There are some few slight difficulties attending its execution, but they cannot be maintained as valid objections before any competent investigation. The real objection is one with which the doctor has no concern. It is purely theoretical, and has been disproved by the experience of the last seven years.

Wherever there is a workhouse it should be paid for separately, at the rate of ten pounds a-year for every fifty persons, and of fourteen per cent. for medicines; so that the salary of a medical officer for attending daily a workhouse, containing fifty persons, and finding them in medicines, &c., of all kinds, would be seventeen pounds a-year.

The second principle, of a pauper list and a per case system, is that which has been selected by the poor-law commissioners for recommendation to the boards of guardians, under the head "Mode of Obtaining Medical Relief by Permanent Paupers," which applies only to such persons, but not to those who are not permanently paupers—numbers of whom must be attended by the doctor; and the boards of guardians are at liberty to pay for both sets of paupers in any way they please; and in one district in Lambeth, opposite to the seat of government and to the Houses of Parliament, the sum they have been pleased to allow, when duly divided, amounts to eightpence a head for each sick person.

If the poor-law commissioners had stated, in the medical order now issued, that the combined reports of the various assistant-commissioners, and of the medical profession at large, had proved that a sum not less than two shillings and sixpence ought to be paid for each person on the pauper list, and not less than six shillings and sixpence for each casual pauper, and had enforced such payments as well as those which have been recommended for attendance on the workhouse, the subject would have been complete, the principle would have been carried out, the detail would have been perfected, and the boards of guardians would have had a just right to insist on the strict attendance of their medical officers, and that the poor should not be neglected.

I take the liberty of suggesting to the members of the medical profession, that their efforts should be made to strengthen the hands of the poor-law commissioners in such manner as will enable them to declare, not only the principle of remuneration they are pleased to select, but also to carry out and enforce



its details in a manner which shall be just and satisfactory to them.

I believe they will best effect this object by prevailing on the various members of Parliament, of their respective towns and places, to wait upon the Secretary of State for the Home Department; and to induce him to empower the poor-law commissioners to abate the nuisance which their defective authority has occasioned.

If the gentlemen of the London district, who have done the vice-presidents and myself the favour to confer with us on these subjects, shall wish it, I will present any two of them to the members for Middlesex, who will, I am satisfied, give them their best assistance.

The humanity, kindness, and charity of Mr. Byng, and his desire to amend the condition of the poor, are proverbial; their younger member, Colonel Wood, is not behind him in the same good feelings, and will support the members of the medical profession in everything that is reasonable, right, and just; and my efforts, as long as I am permitted to make them, shall not be wanting in the proper and highest quarters.

I am, my dear sir,

Yours, very truly,

G. J. GUTHRIE.

T. Hovell, Esq., Clapton.

The following are the regulations of the poor-law commissioners alluded to by Mr. Guthrie:—

#### TENDER.

Art. 1.—It shall not be lawful for the board of guardians of any of the said unions, by advertisement, or other public notice, printed or written, to invite tenders for the supply of medicines, or for the medical attendance on any of the paupers within any such union, unless such advertisement or notice shall specify the district or place for which such supply of medicines and such attendance is required, together with the amount of salary or other remuneration fixed or approved by the poor-law commissioners, as the consideration for such supply of medicines and such attendance, or either of them.

Art. 2.—All salaries or other payments to any medical man, fixed by any of the said boards of guardians, and every contract made by any of the said boards of guardians with any medical man, in pursuance of any advertisement, or other notice, inviting medical men to tender their services at a sum or sums not named in such advertisement, or notice, shall be deemed to be fixed or made in opposition to the rules and regulations of the poor-law commissioners in force in this behalf, and all payments made towards such salary, or in fulfilment of such contract, shall be disallowed in the accounts of the parties authorising or making the same.

Art. 3 specifies the qualifications of medical officers. Henceforward every officer must possess one of the four following qualifications:—

1. A diploma from the Royal College of Surgeons in London, together with a degree in medicine from an university in England, legally authorised to grant such degree, or together with a diploma or licence of the Royal College of Physicians of London.
2. A diploma from the Royal College of Surgeons in London, together with a certificate to practise as an apothecary from the Society of Apothecaries of London.
3. A diploma from the Royal College of Surgeons in London, such person having been in actual practice as an apothecary on the 1st of August, 1815.
4. A warrant or commission as surgeon or assistant-surgeon in her Majesty's navy, or as surgeon or assistant-surgeon or apothecary in her Majesty's army, or as surgeon or assistant-surgeon

in the service of the Honourable East India Company, dated previous to the 1st of August, 1826.

Art. 4.—Provided always, that if it shall not be practicable for the board of guardians to procure a person residing within or near the district in which he is to act, and duly qualified in one of the four modes recited in Art. 3, to attend on the poor in such district, or that the only person resident in or near such district, and so qualified, shall have been dismissed from office under the seal of the poor-law commissioners, or shall be judged by the poor-law commissioners to be unfit or incompetent to hold the office of medical officer, then and in such case the board of guardians shall cause a special minute to be made and entered on the usual record of their proceedings, stating the reasons which, in their opinion, make it necessary to employ a person not qualified as required by Art. 3, and shall forthwith transmit a copy of such minute to the poor-law commissioners for their consideration; and the poor-law commissioners may, if they think fit so to do, permit the employment by such board of guardians of any person duly licensed to practise as a medical man, although such person shall not be qualified in one of the four modes required by Art. 3.

Art. 5.—Provided also, that it shall be lawful for the board of guardians, with the consent of the poor-law commissioners first had and obtained, to continue in office any medical officer duly licensed to practise as a medical man already employed by any such board of guardians, although such medical officer may not be qualified in one of the four modes required by Art. 3.

#### MAXIMUM AREA AND POPULATION OF MEDICAL DISTRICTS.

Art. 6.—It shall not be lawful for the board of guardians to assign to any medical officer, to be by them hereafter appointed, a district which shall exceed in extent the area of fifteen thousand statute acres, or which shall contain a population exceeding the number of fifteen thousand persons, according to the then last enumeration of the population published by authority of Parliament.

Art. 7.—Provided always, that where any medical officer may, on the day on which this order shall come into force, hold any district exceeding either in area or population the limits fixed in Art. 6, and such medical officer may have been appointed to such district for any time not exceeding twelve calendar months, he shall continue to hold his office, if not otherwise removed therefrom, up to the expiration of the time for which he was so appointed, but that where any medical officer shall have been appointed to any district exceeding the said limits in area or population for any space of time longer than twelve calendar months from the day in which this order shall come into force, the continuance of such officer in his office shall cease and determine on the 25th day of March, 1843, or whenever the term of such appointment may expire, whichever shall first happen.

Art. 8.—Provided also, that if it shall be impracticable for the board of guardians to divide any union into districts containing respectively an area and population less than is specified in Art. 6, then and in such case the board of guardians shall cause a special minute to be made and entered on the usual record of their proceedings, stating the reasons which in their opinion make it necessary to form a district exceeding the said limits, and shall forthwith transmit a copy of such minute to the poor-law commissioners for their consideration, and if the poor-law commissioners shall signify their approval thereof to such guardians, then and in such case, but not otherwise, such guardians may proceed to appoint a medical officer for the said district.

Art. 9.—Provided also, that the limits of fifteen thousand statute acres prescribed in Art. 6, shall not



apply or be in force in respect to any medical district situate wholly or in part within the principality of Wales; but no medical district situate wholly or in part within that principality, shall be assigned to any medical officer residing more than seven miles from any part of any parish included within such district, unless the formation of such district shall have been specially sanctioned by the poor-law commissioners in the same manner as is directed in Art. 8.

Art. 10 lays down a rate of remuneration for extra services. No salary of any district medical officer, or contract made by any board of guardians with a district medical officer, shall include the remuneration for the operations and services of the following classes performed by such medical officer in that capacity for any out-door pauper, but such operations and services shall be paid for by the board of guardians, according to the rules specified in this article.

1. Amputations of leg, arm, foot, or hand	£ s. d.
2. The operation for strangulated hernia	
3. The operation of trephining for fractured skull	5 0 0
4. Treatment of compound fractures of the thigh	
5. Treatment of compound fractures or compound dislocations of the leg	
6. Treatment of simple fractures or simple dislocations of the thigh or leg	3 0 0
7. Treatment of dislocations or fractures of the arm	1 0 0

The above rates to include the payment for the supply of all kinds of apparatus and splints.

Provided that in every such case the patient survives the operation not less than thirty-six hours, and that he has required and has received several attendances after the operation by the medical officer, who has performed the same.

Provided also, that except in cases of sudden accident immediately threatening life, no medical officer shall be entitled to receive such remuneration for any amputation, or for the operation of trephining, unless he shall, before performing such amputation or operation, have obtained at his own cost the advice of some member of the Royal College of Surgeons of London, or some fellow or licentiate of the Royal College of Physicians of London, and shall produce to the board of guardians a certificate from such member of the Royal College of Surgeons, or such fellow or licentiate, stating that in his opinion it was right and proper that such amputation or operation should be then performed.

Art. 11.—All trusses furnished by a medical officer in consequence of any contract with or direction of a board of guardians, shall be charged by such medical officer at the cost price, including carriage, and be paid for accordingly by such board of guardians.

Art. 12.—The delivery of any woman in childbirth and the subsequent medical attendance upon her by any medical officer, in that capacity, whether in or out of the workhouse, shall be paid for by the board of guardians in the manner specified in this and the following article—that is to say, in cases in which any such medical officer shall be called on by order of any person legally qualified to make such order, to attend any woman in or immediately after childbirth, or shall be required, under circumstances of difficulty or danger, without any order, to visit any such woman actually receiving relief, or whom the board of guardians may subsequently decide to have been in a destitute condition, such medical officer shall be paid for his attendance and medicines by a sum of not less than ten shillings, nor more than twenty shillings, as the board of guardians may determine, regard being

had to the distance from the residence of such medical officer.

Art. 13.—Provided that in any special case in which great difficulty may have occurred in the delivery, or long subsequent attendance may have been requisite, such medical officer shall receive the sum of two pounds; and if in any such case, any dispute shall arise between the board of guardians and such medical officer, such medical officer shall not receive the said sum until the poor-law commissioners shall have signified their approval of such payment on a report made by such medical officer and transmitted to them through the board of guardians of the said union.

#### SUBSTITUTES FOR MEDICAL OFFICERS.

Art. 14.—Every medical officer appointed, or to be appointed, in pursuance of the rules, orders, and regulations of the poor-law commissioners, shall be bound to visit and attend personally the poor persons entrusted to his care, and shall be responsible for such visits and attendances, and shall so keep any weekly return prescribed by the orders of the poor-law commissioners, as to show when the visit or attendance made or given to any pauper was made, or given by any person other than himself.

Art. 15.—Every medical officer to be hereafter appointed, shall, if practicable, within twenty-one days of the time of his appointment, name to the board of guardians some legally qualified medical practitioner to whom application for medicines or attendance may be made, in the case of his absence from home, or other hindrance to his personal attendance, and who will supply the same at the cost of such medical officer, and the name and residence of every medical practitioner so named shall be forwarded by the clerk to the guardians to each relieving officer, and to the overseers of every parish in the union.

#### MODE OF OBTAINING MEDICAL RELIEF BY PERMANENT PAUPERS.

Art. 16.—The board of guardians shall, once in every six months, cause to be prepared a list of all such aged and infirm persons, and persons permanently sick or disabled, as may be actually receiving relief from such board of guardians, and residing within the district of each medical officer of the union, and shall from time to time furnish to each medical officer a copy of the list aforesaid.

Art. 17.—Every person whose name shall be inserted in such list, shall receive a ticket in the following form, and shall be entitled, on the exhibition of such ticket to the medical officer of his district to obtain such advice, attendance, and medicine, as his case may require, without any order from the relieving officer, overseer, or other authority.

#### FORM OF TICKET.

_____ UNION.	
Date _____	
Good until the _____ day of _____ 184	
Name of Pauper _____	
Residence of Pauper _____	
Name of Medical Officer _____	
Residence _____	
Usual hour at which he is at home _____	

Art. 18.—Such medical officer shall, on the exhibition to him of the said ticket, and on application made on behalf of the party to whom such ticket was given, be held responsible for affording such advice, attendance, and medicines, as he may be bound to supply, in the same manner as if he had received in each case a special order from the board of guardians,

or from any officer, to afford such advice, attendance, and medicines.

Art. 19. Provided always that if on complaint of any medical officer it be made to appear to the board of guardians, that any poor person who may have been furnished with a ticket in the aforesaid form shall have wilfully applied to, or sent for the medical officer on frivolous grounds, such poor person shall for the first time be admonished by the board of guardians, and on a repetition of such frivolous application, such poor person shall be deprived of his ticket, and thenceforth until the next half-yearly list be made out, shall not be empowered, except in cases of sudden and urgent necessity, to demand advice, attendance, or medicines, from such medical officer, without an order of the board of guardians, a relieving officer, or an overseer of some parish in the union.

#### CONTINUANCE IN OFFICE OF MEDICAL OFFICERS.

Art. 20.—Every medical officer, duly appointed in pursuance of the orders and regulations of the poor-law commissioners shall, unless the period for which he is appointed be expressly entered on the minutes of the guardians at the time of making such appointment, or be expressly inserted in a written contract entered into by such medical officer, and such period have been subsequently approved by the poor-law commissioners, continue in office until he may die or resign, or become legally disqualified to hold such office, or be removed therefrom by the poor-law commissioners.

The remaining articles merely contain an explanation of the terms contained in the preceding articles.

### BURIALS.

#### PETITION OF GEORGE ALFRED WALKER.

The humble petition of George Alfred Walker, surgeon, of 101, Drury-lane, sheweth,\*

That your petitioner has carefully inspected the majority of the places at present used for interment in the metropolis, and is prepared to prove that for some years past they have been very inadequate for the reception of the dead.

That your petitioner would humbly invite the serious attention of your honourable House to the fact, that where the utmost vigilance should be exercised, and the greatest care employed, there is, under the present system of inhumation, an entire absence of every precaution; for, in the most densely populated districts, burial places exist which are dangerously overcharged; and in many such localities bodies are placed one above another, and side by side, to the depth of twenty-five or thirty feet, the topmost coffins being but a few inches from the surface.

That receptacles for the dead underneath or near churches or chapels, have been and continue to be crowded to an incredible extent: thus elaboratories of malaria are day and night in operation, and constantly diffusing their injurious products.

That the placing of bodies in lead affords comparatively no protection to the health of the public; for, although the process of decomposition is less rapid under a medium temperature, as in vaults, the expansive force of the gas is such, that the lids of coffins frequently become convex, and sometimes are rent asunder, and the gases thus and otherwise disengaged become diffused and mixed with the atmosphere, and enter the lungs in every inspiration.

That in warmer climates and in our own, exhalations from dead bodies have in many instances seriously injured health, and in some have immediately destroyed life. In confirmation of the latter assertion,

your petitioner would humbly direct the attention of your honourable House to the death of two men upon the opening of a grave in Aldgate churchyard, in the month of September, 1838, and to a yet more recent instance, in the death of William Green, a gravedigger of St. Margaret, Westminster, and the subsequent illness and death of the surgeon in attendance, and his female domestic, who both sank within a few days of the gravedigger.

That your petitioner is convinced, from long observation, that the keeping of dead bodies for a period of many days and during warm weather, more particularly in densely populated and ill ventilated neighbourhoods, is a practice highly injurious to the health of the living, and requires the interference of your honourable House.

That from sources of information on which your petitioner has the fullest reliance, he is convinced that the evils arising from the present system of interment are not confined to the metropolis, but exist in a proportionate degree in the cities and populous towns throughout the kingdom, and in some of the dependencies of the British Empire.

That your petitioner believes he is performing a public duty in thus expressing his conviction, that the majority of the places for the interment of the dead are so many centres of infection, constantly giving off noxious effluvia, which, according to the circumstances of locality, atmosphere, and the power of resistance in those subjected to its influence, operate as a slow or energetic poison.

Your petitioner therefore humbly and earnestly prays, that a committee of your honourable House may be appointed, or such other means employed as your honourable House in its wisdom may deem necessary, for the purpose of instituting a full and searching inquiry into the condition of the burial places of the United Kingdom, your petitioner believing that such evidence will be elicited as will convince your honourable House of the necessity of a revision or abrogation of the existing laws relative to burial or of the total and absolute prohibition of the interment of the dead in the midst of the living.

And your petitioner will ever pray, &c.

GEORGE ALFRED WALKER, Surgeon.

### PRACTICAL SUMMARY OF FACTS IN MEDICINE AND SURGERY.

#### SCIATICA CURED BY THE EXTRACT OF BELLADONNA.

The last number of the "Bulletin Therapeutique" contains an interesting case under this head.

A lieutenant in the French navy had long laboured under a very severe form of sciatica; the pain extended from the sciatic notch to the terminal branches of the nerve in the foot, and was of the most violent kind. Several remedies had been tried without effect, when M. Hiriart resolved on employing the extract of belladonna. The bowels were first cleared out by an active purgative; and the whole limb was then rubbed, several times during the day, with an ointment composed of one part of the extract to two of lard. After the fourth friction the patient experienced a creeping sensation in the limb, and some slight symptoms of narcotism appeared; he enjoyed, however, some sleep during the night. On the following morning the pain had shifted to the opposite limb, whence it was driven by the same means. The state of the bowels and stomach was regulated by gentle purgatives and proper diet, and in a short time the patient was completely cured of a disease from which he had previously suffered the most cruel torments.

#### TRACHEOTOMY IN CROUP.

The last number of the "Gazette Medicale" contains two additional cases of the performance of

\* A petition recently addressed by Mr. Walker to the House of Commons.



tracheotomy in croup. The following is an analysis of these cases:—

CASE I.—A child, 23 months old, was seized with symptoms of croup on the 31st of January; he was neglected, and even allowed to drink some wine; the symptoms became rapidly aggravated; the cough assumed the character of croup, and on the fourth day, when M. Maslieurat was sent for, the infant was in the last extremity. The lips were now pale; the face blue; the respiration and pulse almost gone; from time to time a stifled croupy cough, followed by deep whistling inspiration.

After much difficulty the child's parents consented to an operation, which was performed under the most unfavourable circumstances; in the absence of assistance, the little patient's head was supported by the village curate's sister, who humanely offered her aid, although she was compelled to cover her eyes with a bandage, lest she might faint during the operation. The latter was performed in the usual way; before opening the trachea, however, two small arteries and a few veins, which bled freely, were tied. The parts divided were the crico-thyroid membrane, the cricoid cartilage, and the three upper rings of the trachea. The air penetrated rapidly into the lungs, and the infant seemed suddenly recalled to life. The operator, however, had no canula, and to replace this instrument he was forced to fix two bent pins in the sides of the cricoid cartilage, to attach two pieces of twine to them, and, by tying the latter behind the neck, keep the edges of the wound in the trachea open; some traces of false membrane were now perceived on the lining membrane of the trachea, which was of a violet colour. The back of the throat and larynx were now touched with diluted hydrochloric acid, and this operation was repeated four times during the day. For the first three days the life of the little patient was in great danger, but he gradually recovered, and the wound was healed on the 25th of February.

In the second case related by the author, the patient was likewise in the last stage of croup; indeed, after opening the trachea, he gave no sign of life whatever; artificial respiration, by compressing the parietes of the thorax, was kept up for twenty minutes, before the pulsations of the heart could be distinguished. During an access of cough, which came on half an hour afterwards, a complete tube of false membrane, bifurcated inferiorly, was spit up. The child's state was greatly ameliorated by the expulsion of the membrane; but during the night, and through the negligence of the parents, the edges of the opening in the trachea (merely kept asunder by pins) closed, and the infant was suddenly suffocated.

#### ON THE INCIPIENT STAGE OF CANCEROUS AFFECTIONS OF THE WOMB.

By Dr. W. F. Montgomery.

In this paper the author directs the attention of practitioners to a stage of cancer uteri which precedes the two usually described by writers.

The symptoms are—sharp but comparatively fugitive lancinating pains in the back and loins, across the supra-pubic region, or shooting along the front of the thigh, or sometimes along the course of the sciatic nerve, producing numbness, and not unfrequently debility of the whole limb.

In a large proportion of the cases, there is found a decided fulness, or a distinct tumour in one or other iliac hollow, with fixed pain, and tenderness traceable to, and, as it were, issuing out of the abdominal ring; there is, generally, more or less irritation of the bladder, with dysuria, and the patient often complains of a sensation about the lower part of the rectum, which induces her to think that she is labouring under piles. Menstruation, though in some instances disturbed, is much more frequently quite regular in its returns; but there is apt to be bursts of hæmorrhage,

either accompanying the discharge, or occurring in the intervals; there is little, or no leucorrhœal or serous discharge, often none; and it is not until the disease has existed for a considerable time, that the appetite is impaired, sleep is disturbed, the flesh becomes softer and wastes, and the countenance pale, and expressive of distress.

On making examination *per vaginam*, the margin of the os uteri is found hard, and often slightly fissured, and projects more than usual, or is natural, into the vagina, and is irregular in its form.

In the situation of the muciparous glands, there are felt several small, hard, and distinctly defined projections, almost like grains of shot, or gravel, under the mucous membrane. Pressure on these, with the point of the finger, gives pain, and the patient often complains that it makes her stomach feel sick.

The cervix is, in most instances, slightly enlarged and harder than it ought to be. The circumference of the os uteri, especially between the projecting glandulæ, feels turgid, and to the eye presents a deep crimson colour, while the projecting points have sometimes a bluish hue.

There is no thickening, or other alteration of structure in any part of the vagina, at its conjunction with which the cervix uteri moves freely; nor is there any consolidation of the uterus with the neighbouring contents of the pelvis; in fact, the morbid organic change appears to be, at first, entirely confined to the os uteri and lower portion of the cervix.

This stage of the affection is, in many instances, *very slow*, lasting sometimes, for *years*, before the second and hopeless stage is established; during this time the patient experiences only comparatively slight and transient attacks of pain, or perhaps only sensations of uneasiness, referred often to the situation of one or other of the ovaries, or about the os uteri, with anomalous tingling along the front and inside of the thighs; these last for a few hours, or a day or two, and then disappear, perhaps for weeks; but again and again return in the same situation, and for a long time are not increased in severity; the patient finds that sexual intercourse now, occasionally, causes her pain, which she ascribes to some deep-seated part being touched, and the act is followed by an appearance of blood; she is, also, often troubled with slight irritability of the bladder; but the appetite, digestion, and sleep, may, for a long time, continue good, and the pulse, generally, gives no indication of the existing disease, or its changes; an observation which will be found applicable to many uterine affections of a very grave character; in short, the general health may long remain quite undisturbed, nor has the patient, in many instances, the slightest suspicion that there is anything seriously wrong with her, nor thinks of seeking for medical aid, until she is induced to do so by the solicitations of her husband, or some anxious friend who has become, as she thinks, unreasonably alarmed about her state.

Dr. Montgomery thinks that the first discoverable change in the cases now alluded to “takes place in and around” the muciparous glandulæ, which exist in such numbers in the “cervix and margin of the os uteri;” these become indurated by the disposition of scirrhus matter around them, and by the thickening of their coats, in consequence of which they feel, at first, almost like grains of shot or gravel under the mucous membrane.

*Treatment.*—In almost every instance, the treatment should be begun by the *local abstraction of blood*, either by cupping, or by leeches applied directly to the os uteri, or as near as possible to the organ; and their application will, in most cases, require to be frequently repeated, and should be accompanied by the free use of anodyne fomentations. *Venesec-tion* is not, in general, required. Except there be something specially to forbid its use, *mercury* should be given, in some form, so as to bring the sys-



tem very gently, but decidedly, under its influence; for which purpose, it may be combined with iodine in very minute proportions, with camphor, opium, hyoscyamus, or hemlock; and occasionally by friction, especially where there exists evidence of inflammatory action in the iliac hollow, as already adverted to.

Afterwards, *iodine* or *hydriodate of potash* may be used both internally and externally; and *iron* will be found a most beneficial and powerful agent, especially in the form of the saccharine carbonate, or the carbonate given in the nascent state. The *iodide of iron*, which combines, to a certain degree, the powers of both remedies, may also be used with some advantage in most cases. *Counter-irritation* is an agent of great influence in this complaint, and may be established in a variety of ways, which it is unnecessary to enumerate; but a very effectual mode is by making a small blister over different parts in succession, and keeping it discharging freely for several days, by the application of the French dressing, or Albespeyer's papers.

After the removal of the congestion and organic changes from the os uteri, there remains, occasionally, a sensitiveness of the part, which causes the patient much discomfort, and which will be best relieved by the use of the bath, as above directed; conjoined with anodyne applications to the part, or the nitrate of silver in solution; the best mode of applying which, is by means of a bent glass tube of about an inch in diameter, which the patient can introduce and manage for herself; all that is necessary is, that she should lie on her back, and introduce the tube as far as its curvature, and then pour into the upper end the medicated solution, which will immediately pass to the os uteri, and can be retained there as long as is necessary, the tube filling the vagina sufficiently to prevent its flowing away, which is a great advantage.

The patient should be strictly enjoined to avoid every thing that could stimulate the uterus—such as riding on horseback, &c.; but, especially, she should refrain from indulgence in sexual intercourse. Wine, if used at all, should be of a very mild kind, and very sparingly taken; and the same rule should apply to malt drinks; the stronger kinds of ale and porter should be altogether prohibited.

No circumstance connected with the treatment of this affection requires more scrupulous attention than the regulation of the patient's habits and mode of living; indeed, if this be not very carefully managed, all other measures will most probably be defeated.

In illustration of the foregoing remarks, Dr. Montgomery relates several cases which terminated successfully under the treatment laid down by him. Further researches, however, are required to establish that the nature of the disease is truly cancerous.—*Dub. Jour.*

#### NORTH OF ENGLAND MEDICAL ASSOCIATION.

##### MEDICAL ETIQUETTE.

At a meeting of the Council of the North of England Medical Association, held at Newcastle-upon-Tyne, March 16, 1842, Dr. Headlam, President, in the chair, the letter of Mr. J. B. Maughan, relative to an alleged breach of professional etiquette, which appeared in the "Medical Gazette" of Jan. 7, the "Lancet," of Jan. 15, and the "Provincial Medical and Surgical Journal" of Jan. 15, 1842, was taken into consideration, and the following resolutions adopted:—

1. That Mr. Maughan merits the approbation of the Council, for the gentlemanly forbearance with which he has conducted himself in this transaction.
2. That Dr. White was in error when he consented to inquire of the patient under the care of which surgeon she wished to remain.
3. That the conduct of Mr. Annandale, in removing the splints and bandages from a broken limb, which

had been reduced by another surgeon (more especially when the immediate attendance of that surgeon was expected) was improper, and that his appropriation of the patient of another practitioner was contrary to the rules of etiquette by which professional gentlemen should be guided in their deportment towards each other.

4. That the Council sincerely regret that the conduct of any of their professional brethren should have given occasion for any of the preceding resolutions. They earnestly hope that in future a better feeling will exist amongst medical men, and that similar cases will not occur.

5. That copies of these resolutions be sent to the journals in which Mr. Maughan's letter was published.

#### QUARANTINE.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—I trust you will not allow the subject of the quarantine laws to pass by without that notice which its importance asks for at your hands. A large proportion of the public (even, I fear, amongst medical men) are not at all aware of the thousand plain facts which prove the imperative necessity of some regulations of quarantine; and many, who ought to be better informed, really know *nothing* about the matter. Feeling assured, that with you the subject is in good hands and will be treated fully and powerfully, I shall trouble you no further, but subscribe myself.

Your obedient servant,  
A CONSTANT READER.

#### OBITUARY.

(From a Correspondent.)

It is our painful duty to have to record the much lamented death of Mathew Chalmers, Esq., M.D., an event which occurred on Sunday evening, the 13th instant, at his residence in George-street, Hull. He was the senior physician to the Hull General Infirmary, and to the Hull and Sculcoat's Dispensary, and was one of the alderman of that borough, and last year served the office of mayor. He possessed a good and cultivated understanding, and very superior professional abilities, and being endowed with a feeling and benevolent disposition, he never was more happy than when he was engaged in his daily avocations in endeavouring either to remove or to alleviate the afflictions of his fellow-creatures. He became a member of the Provincial Medical and Surgical Association on the 21st of November, 1840.

#### ROYAL COLLEGE OF SURGEONS IN LONDON.

List of Gentlemen admitted Members on Friday, March 11, 1842.

James Tiptaftkral, Parkinson Oates, Edward Jones, Richard Slaughter Carter, John Hardie Gray, Thomas Ager, Frederick Albert Tipple, Cavendish Wall, Daniel Stone, Nicholas John Watson, John Thomas Jackson.

March 18.

John Thomas Roberts Burroughs, Frederick Hamilton Simpson, Joseph Vardy, Peter Milner, Spencer Weston, Thomas Marsters Kendall, Robert Ransom, David Smith Moore, Charles Chubb, Edward John Waring.

#### INDEX.

The index will be published with the next number, which concludes the volume.

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# PROVINCIAL MEDICAL & SURGICAL JOURNAL.

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M. CHOMEL

ON

## ACUTE AND CHRONIC AMYGDALITIS.

A young man, 18 years of age, was admitted into the Hotel-Dieu with acute inflammation of the tonsils. He has been subject to this disease since the age of 11 years, having had thirty attacks since then. The inflammation was always confined to the left tonsil, and generally lasted from eight to ten days. The patient says that the tumour was opened only once, and that he never remembers any pus having been discharged from it. The first attack was the most severe, and with regard to this point M. Chomel directs attention to a principle which applies to all inflammations—viz, that when any organ is frequently the seat of inflammation, the first is always the most violent, and the subsequent inflammations decrease in intensity, while they increase in duration. Hence, when any organ has been frequently the seat of inflammation, it is extremely difficult to get rid of it, and it leaves a great tendency to relapse under the slightest cause.

Inflammation of the tonsils may occasionally produce dangerous symptoms. In some cases the swelling of the gland may occasion imminent signs of suffocation. M. Chomel points out a mechanical means which he has often employed with success to relieve this state; he introduces the index finger into the mouth, and presses very firmly on the enlarged gland; a quantity of viscid fluid is thus discharged, and the tumour undergoes a momentary diminution of volume, which gives the patient great relief.

On examining the throat of the patient, now under treatment, the left tonsil and side of the velum palati are seen to be extremely swollen; and the mucous membrane of the latter part is raised up into the form of a tumour. All these parts are deeply injected, and of a purple red colour. On first looking at it, one would think that the mucous membrane of the palate was raised up by a collection of pus, but pressure with the finger shows that this is not the case; pus will, however, soon collect, but M. Chomel is not in the habit of opening the abscess with the knife, unless under special circumstances.

The treatment of acute amygdalitis consists in general bleeding, emetics, and purgatives. They never, it is true, cut short the disease, but they moderate the violence of the inflammation. Of the three means, M. Chomel prefers purgatives, as tending less than venesection to weaken the patient, and prevent him from following his ordinary occupations.

On the day of the patient's admission into hospital he was bled from the arm, a measure indicated by the fulness and hardness of his pulse; he then had an emetic, and was ordered to take some castor oil, and to use emollient gargles and the foot-bath. On

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the third day he was much better; he could swallow better, and the swelling at the back of the throat was much diminished. On the fifth day the inflammatory appearances had all subsided, and on the seventh day the patient left the hospital well. The tonsil, however, remained affected with chronic enlargement.

M. Chomel delivered the following remarks on this case:—

The acute inflammation of the throat and tonsil, which, in the present instance, had supervened on the chronic, has completely disappeared under the influence of rest, and the treatment which has been employed. It is impossible to say whether suppuration had taken place or not; the patient spit up some whitish matter with his gargles, which had all the appearance of pus mixed with some streaks of blood, but void of that fetid odour characteristic of pus, discharged from the mucous membranes of the mouth and fauces. However this may be, the great tumefaction of the tonsil has subsided, and nothing now remains except the chronic swelling which always persists in cases of this kind. The patient may, therefore, be said to be cured of the acute disease, but the chronic one persists, together with the disposition to relapse under the least exciting cause.

We must then ask, by what means we can hope to prevent the return of the complaint? The use of borax, of alum, and other astringent substances has been proposed; but these means have so often failed, that surgeons have been compelled to have recourse to excision. We have often tried, in the Hotel-Dieu, scarification of the tonsil with considerable success; but this also failed in a great many other cases. Generally speaking, the chances of success are less when the disease has been of long standing, and the tissue of the gland much hardened, and approaching the consistence of scirrhus. In cases like this, partial or total excision of the gland is the only measure that remains; but the operation should not be had recourse to lightly and inconsiderately, as has often occurred of late. I have seen patients who had been affected from childhood up, with enlargement of the tonsils, which had resisted every mode of treatment; excision was proposed as the only resource, and rejected; yet after a considerable lapse of time the disease has disappeared under the use of simple means, and probably, also, under the influence of time and the growth of the patient. When the latter, then, is young, it will be more prudent to abstain from any operation, and wait the effects of time.

Besides the species of inflammation now alluded to, there is another to which the attention of practitioners has been recently directed. This is an inflammatory affection of the posterior parietes of the pharynx, called *granular angina*. It is an inflammation of the same species as that observed in the mucous membrane of the stomach, and particularly in the neck

of the uterus; an inflammation erroneously confounded with ulcerative or cancerous disease of that organ, to which it bears no relation. This form of angina is seldom met with in hospitals, because it is not sufficiently severe to compel working men to give up their daily occupations.

*Granular angina* is characterised by the following symptoms:—pain during swallowing and speaking; a sensation of tickling at the bottom of the throat; a constant desire to swallow or spit up the saliva; and uneasiness about the pharynx. On depressing strongly the base of the tongue, we perceive, at the back of the pharynx, a rough, irregular surface of a violet-red colour; this surface is covered with small spots or granulations, dispersed over various points, and covered with a matter resembling white of egg, or muco-purulent secretion. The granulations become gradually developed, and collect together so as to give the pharynx the mammellated appearance from which the disease has obtained the name of granular or mammellated angina.

The treatment of this affection is tedious, for, although not a severe one, it resists obstinately the remedies hitherto employed against it; in this respect resembling the granular disease of the uterus, a disease which often baffles the efforts of the physician. Besides, the affection of the pharynx is much more difficult to treat than the analogous one of the neck of the uterus. The latter organ is not very sensitive, and easily supports the action of very powerful topical applications, while the pharynx is so sensitive that the least touch causes excessive repugnance, and involuntary resistance on the part of the patient. Various means have been tried: in the first place, it was observed that this condition of the pharynx often coexists with various chronic affections of the skin, a remark equally applicable to the granular uterus; hence the use of alkaline and sulphureous baths was much insisted on; some benefit has been derived from these means, aided by purgatives and blisters; but the disease generally returns after having been cured for a certain time. The usual treatment of angina was then tried, and the nitrate of silver rubbed over the back of the pharynx; but the circumstances already alluded to render the application of these remedies difficult and inconvenient.

Hence I prefer the use of caustics in a liquid form, very concentrated, and passed rapidly over the affected parts with a brush or pencil. This is, unquestionably, the best means that we can employ against a disease, one of the main features of which is the obstinate resistance that it offers to every species of treatment. In the use of caustics, however, we must be circumspect; we must proceed with the same caution that we employ in cases of granular disease of the neck of the uterus—that is to say, not employ a painful and energetic mode of treatment at once, but gradually bring the patient to bear it, from one step to another.—*Gaz. des Hop.*, No. 28.

## CASE OF CAROTID ANEURISM.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—I beg you will do me the favour to insert in your journal the following case of carotid aneurism.

My principal object in making this case public is, that surgeons may not be deterred from performing the operation of tying the artery for the cure of this disease, or from recommending their patients to submit to it; for I have seen the little inconvenience that was occasioned in this instance, and the very

little constitutional derangement that was produced in consequence of the operation.

I am, Gentlemen,

Your obedient servant,

JOHN GROWSE.

Hadleigh,  
February 28, 1842.

In the spring of last year I was called to visit Miss S., a single lady of spare habit and nervous temperament, about 55 years of age, residing in this town who had an attack of common catarrh, from which she recovered in a few days. During my attendance upon her, my attention was accidentally drawn to a tumour in the right side of the neck, about the size of a small hen's egg. From the tumour being immediately in the direction of the carotid artery, and an evident pulsation being felt throughout it, I, after a very careful examination, came to the conclusion that it was aneurism; but from the serious nature of the disease, and the dangerous means that must be used for its cure, and seeing no immediate necessity, I did not then give my opinion to my patient, but recommended, as a placebo, some external application. I afterwards told her what I thought of the case, and wished her to go to London for further advice, which she did in the month of June, and consulted Sir B. Brodie and Mr. Aston Key, both of whom confirmed my opinion, and recommended her to submit to the operation.

From this time the tumour gradually increased in size; the pulsation became stronger, accompanied with frequent darting pains in the heart, and distressing fits of coughing, which I considered arose from pressure of the aneurismal sac on the laryngeal nerves. I took frequent opportunities of stating to my patient that the case must terminate fatally if the operation were not performed; and, at the same time, I thought it right not to withhold from her the danger and the uncertainty of the result that must necessarily attend an operation of such great importance. After taking these circumstances into consideration, Miss S. determined on submitting to the operation, which was performed at her own house on the 9th of September, by Mr. Key, with that great skill, coolness, and dexterity, in which he is so well known to excel. As I was, unfortunately, prevented being present at the operation, being confined to my bed with a broken leg, I copy Mr. Key's statement of the steps that were taken.

The sheath of the artery was exposed by an incision carried for two inches along the margin of the sterno-mastoid, and laying bare the fibres of that muscle, and also the edge of the omo-hyoides, as it crosses the carotid artery. A few arterial ramifications were divided, and gave rise to some infiltration into the adjoining cellular tissue, that much obscured the distinction between the coats of the artery and its sheath. This was rendered still more difficult by the almost entire and sudden cessation of pulsation in the vessel, in consequence, it may be presumed, of the nervous depression produced by the operation. A similar effect had been observed to arise in the aneurism, when the action of the heart was influenced by the mind; pulsation could be scarcely felt in the sac. Much care was, therefore, required in detaching the artery from its investments, which protracted this part of the operation. The descending branch of the ninth pair of nerves was large, and lying upon the sheath. A stout silk ligature was passed under the artery from the outer side, by means of a curved aneurismal needle, and secured in the usual manner.

The after treatment was very simple, the case requiring but little interference, except enjoining perfect quietude, watching the symptoms as they arose, and allaying general irritation as much as possible. About three or four hours after the operation Miss S. became very restless; she was directed to take twenty minims of tincture of opium in a small quantity of



camphor mixture, which did not produce the desired effect; the dose was repeated about two hours afterwards, and in a short time she fell into a comfortable sleep, and awoke perfectly calm and composed. From this time there was not a single unfavourable symptom, the pulse never exceeding 90, and seldom so quick, and little or no fever. The bowels were regulated by gentle aperients; the diet for the first fortnight consisted of gruel and chicken broth; she was then allowed to take a small quantity of animal food in substance every day, abstaining from wine, beer, and everything of a stimulating quality. The ligature did not come away until the 10th of October; the tumour is now entirely gone, and, I am happy to add, Miss S. is perfectly well.

### CASE OF EXHAUSTION

WITHOUT AN

### APPARENT SUFFICIENT CAUSE.

By JONATHAN TOOGOOD, Esq.,

Senior Surgeon to the Bridgwater Infirmary.

A lady who had been confined about four months, and partially suckled her child in one breast only, was apparently in good health, until she heard some distressing news which agitated her a good deal. Her menstruation had returned in the usual way a fortnight before this event, since which she had occasionally been subject to slight discharge. A day or two after this fright she was seized with coldness, trembling, and slight faintness, which were soon removed by a cordial. Ten days after this she was attacked with pain in the bowels after an evacuation, and faintness, which continued long enough to excite some apprehension in the minds of her friends. She remained in a faintish state from two o'clock in the morning until seven in the evening, when I saw her, in consultation with her usual medical attendant. I found her lying on her back with a blanched countenance, and a surface of death-like coldness, without any pulse at the wrist. There was sickness, with occasional attempts to vomit, and pain in the forehead, which was kept constantly wetted at her request. I learned that, notwithstanding cordials had been administered, very little effect was produced by them, and that she constantly relapsed into the same state; I got down a good quantity of hot brandy and water, after which a feeble pulsation was felt at the wrist for a few moments, and although brandy, opium, ammonia, and every other restorative which could be given, were freely and unremittingly administered, her state became more alarming. If the pulse was perceptible after a large dose of brandy and opium, it sunk again immediately, the faintness increased, she constantly called for the smelling-bottle and fan, and became so restless that it was scarcely possible to keep her still; the surface was bedewed with a clammy sweat, the respiration was short and cold, and she either refused to swallow any thing, or instantly made an effort to reject it. Notwithstanding the extreme coldness of the surface, she objected to all external heat, which seemed to increase her faintness. She remained in this alarming state until two o'clock the following morning, after which time she became more tranquil, took nourishment, and retained it. During the next twelve hours she gradually but very slowly recovered some heat and steadiness of pulse, but was not able to be moved or undressed until thirty-four hours after the attack.

There does not appear to have been sufficient cause for the extreme and protracted state of exhaustion which occurred in this case. There was no undue lactation, for that had been imperfectly carried on, and but for a short period, nor was there any other

drain to weaken her powers. It seemed like one of those sudden attacks of faintness which sometimes occurs without any warning after a small bleeding, which, as far as my experience goes, is protracted and alarming. It brought to my recollection the aphorism of Hippocrates, which, however, is more applicable to diseases of the heart, which there was no reason to suspect in this instance. *Qui crebro et fortiter absque causâ manifestâ liquentur animo, derepente moriuntur.*"

Bridgwater, March, 1842.

### CASE

OF

### PENETRATING WOUND OF BOTH LUNGS. RECOVERY.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—Although the old doctrine, that wounds of both lungs must produce immediate death, has been long exploded, still, "in this piping time of peace," so few medical men can have an opportunity of witnessing a case of the kind, that you may deem one which occurred in my practice not uninteresting to the profession. I give it from notes taken hastily at the time. The subject of the injury was young, healthy, and vigorous, which enabled me to carry venesection to the utmost limit, and to the early and active adoption of that remedy I principally attribute his recovery.

I remain,

Your obedient servant,

A. N. RUDDOCK,

Surgeon to the Police Force.

Bristol, March 28, 1842.

I was called up early on the morning of Thursday, May 10, 1838, to see police-constable 199, Silas Perrott, aged 22, who was represented to have been seriously wounded whilst on duty. It appeared that, between three and four o'clock, a.m., he had detected a housebreaker robbing some premises which stood alone and in a very retired situation. The policeman attempted to take the man into custody, which he strenuously resisted, and a struggle of half an hour's duration ensued, during which time the latter, who had much the advantage of the policeman in point of height and strength, attempted to throw him into a river, which was the boundary of the garden; and at length, finding he was likely to be captured, he drew from a case a long knife with a wooden handle, similar to that used by shoemakers, and gave the constable two desperate stabs in the body. The man eventually succeeded in getting away, leaving the policeman totally incapable of moving. In this state he was found soon after four o'clock, by the sergeant going his rounds, and with other assistance he was carried to the station-house.

I saw him between five and six o'clock; he was tolerably collected, but in a state of extreme exhaustion, from the combined circumstances of the severe nature of his wounds and the consequent loss of blood, which I found to have been considerable, and from the desperate struggle in which he had been engaged; a considerable quantity of frothy blood was passing from his mouth; he had great difficulty of breathing, with constant cough, and a very small pulse varying from 140 to 150.

On examining the chest on the right side, I found a penetrating wound of rather more than an inch in width between the seventh and eighth ribs, about four or five inches below, and in a direct line from, the axilla; air was passing freely through the wound,



and there was considerable emphysema. On the left side there was a corresponding wound, also, between the seventh and eighth ribs, but higher up and more posterior, situate almost in a direct line from the inferior angle of the scapula; very little air had escaped into the cellular membrane, but on passing the hand over the latissimus dorsi, the air was felt crackling under a considerable portion of that muscle. No doubt could exist as to the lungs being wounded on both sides, and I considered the prognosis as unfavourable as it could well be. As there was no fracture of the ribs, and the wounds were clean, I closed them both with adhesive plaster, applied warmth to the extremities, as he was shivering with cold, and administered some tea.

By nine o'clock, a.m., reaction had taken place; at ten o'clock his pulse had become tolerably steady at 120. Venesection to twenty ounces, which produced faintness; ordered a mixture of spermaceti and ipecacuanha wine to be taken once in three or four hours; to take nothing of any kind except tea and toast and water.

At three, p.m., he was labouring under more severe symptoms; his breathing was much oppressed; he had a good deal of pain and uneasiness about his chest, with a full pulse. Venesection to thirty-four ounces, which made him faint, and on recovering he expressed himself as much relieved.

At nine in the evening his symptoms were again aggravated, but not to so great an extent; his pulse had acquired so much firmness and strength that another blood-letting was readily foreseen, if not then absolutely necessary, and I took thirty ounces before he was faint; I ordered him ten grains of opium and soap pill, and left him for the night, with strict orders to be called if the symptoms returned.

I saw him on Friday morning at six o'clock; he had passed a tolerable night, and his state presented no symptoms which demanded interference. As I was desirous of obtaining some information about the wounds of the lungs, I removed one strip of plaster, and found that the air was passing with much less freedom than twenty-four hours ago, although the external wounds, in consequence of the continued oozing of blood, were not healing by the first intention. The wounds were again immediately closed; one ounce of castor oil was administered. Mr. R. Smith, the senior surgeon of the infirmary, saw him to-day; he considered he would have a hard struggle for it, and recommended a small abstraction of blood in the evening.

Eight, p.m. Has continued up to this time pretty much as in the morning; bowels relieved. I bled him to ten ounces; repeated the opium pill.

Saturday morning. He has passed a tolerable night again, and is free from pain; pulse soft, but quick. He takes the spermaceti mixture, from which he says he finds much relief and comfort. No air whatever passes through the wounds.

Sunday morning. He remains in a quiet state; the giant has evidently been conquered since Thursday evening. The external wounds are not at all disposed to heal, but those of the lungs are apparently closed. Allowed a small teacupful of thin bread and milk, which is the first food he has taken.

From this time he slowly but gradually progressed, and he left his bed about three weeks after the injury. The bloody expectoration continued for five or six days, and the emphysema gradually subsided. The wound on the right side of the chest did not heal for a month. Adhesion of the pleura on the right side has taken place to a considerable extent, covering a space as large as the hand; on the left side the state of the parts is not so easily ascertained, owing to the thick layer of muscle.

He subsequently was blistered, and took iodine for some time. He remains in the force on reserve duty, which does not expose him to cold or wet. He has

had several attacks of shortness of breathing and pain in the side, but they have all given way to a day's confinement in bed, and a mixture of tartar emetic. These attacks have latterly been less frequent. He has got married, and at the time of my writing this he tells me his health has much improved within the last twelvemonth.

## CASE OF PURPURA,

WITH

## DESTRUCTIVE DISEASE OF THE ANCLE-JOINT.

By F. A. BULLEY, Esq.,

Surgeon to the Royal Berkshire Hospital, Reading.

On March 14, 1842, I attended the inspection of the body of a poor boy, 17 years old, who had died the day before, from a disease of the ancle-joint, for which he had been treated seventeen weeks, and, as far as I could learn, his complaints had existed for some time prior to that time. His case not having been under my immediate care, I am unable to detail its progress; but the patient seemed to be of a highly scrofulous constitution, and of a very delicate frame of body, and had latterly become hectic, and greatly emaciated by his disease. Some time ago, before his health had become too much affected by the local disease, amputation had been proposed to him; but to this he obstinately refused to assent, and it was observed that he became worse after the proposal had been made, from the effect the fear of it had upon his enfeebled nervous system, which, naturally weak, had become weaker through the wearing nature of his complaints. Latterly his legs had become nearly covered with minute purpurous spots, as well as the surface of his body, where there were some petechial stains, but not nearly so numerous or distinct as on the extremities.

*Inspection.*—The lungs were of a healthy appearance externally, and there was no appearance of any tubercular disease of their structure. They were somewhat darker coloured than natural, from congestion of their vessels. There was rather more fluid than common in the pericardium. The heart was preternaturally small, not exceeding in bulk that of a child of six years' old; but it did not present the shrivelled and wrinkled appearance of its exterior, described by Dr. Hope, to indicate that it had ever been of greater size. The auricles were somewhat dilated, and, together with the ventricles and large vessels emanating from the heart, were filled with dark-coloured fluid blood, which, when removed, had an unhealthy, treacly appearance, and seemed to have entirely lost its power of coagulating. The muscular structure of the body was pale and wasted. There were no appearances of petechial spots on any part of the serous tissues of the thoracic or abdominal cavities or viscera.

*Examination of the Diseased Ankle.*—On the inner side of the leg, over and just above the ancle-joint, there were two or three ragged openings of a dark, black colour, from which, during life, had flowed a dark-coloured ichorish fluid, but no pus. From these openings a probe could not be directly introduced into the cavity of the joint, owing to their not being immediately placed over the apertures in the capsular ligament, but by passing it underneath the skin for a short distance through the disorganised cellular tissue, the opening was readily discovered; the distance of the subcutaneous passage was, of course, greatest in those openings farthest from the joint. The integument over the inner projecting surface of the internal unciform bone was rather more dark-coloured than the rest, and an aperture in the skin over it was somewhat larger than the others, and through this a



roughness from necrosis of the surface of this bone was perceptible.

The connecting and capsular ligaments generally of the ankle-joints were thickened, and of a dark, unhealthy colour, from the rupture of some vessels in their structure, from which blood had escaped, and there had seemingly been a passive hæmorrhage from these vessels for some time prior to his death. The synovial lining membrane had entirely disappeared. There was no appearance of any pus in the joint. The cartilage of the articulating portions of the astragalus and tibia had become absorbed, leaving a surface of smooth bone of a very dark and unhealthy colour, being deeply injected with dark-coloured blood, but not necrosed; on these surfaces there was a thin layer of brownish, tenacious, coagulated lymph, of an offensive smell, otherwise the interior of the joint had a dry appearance. The end of the tibia, for about an inch and a half, was in a state of high vascular congestion, and extremely soft, so as to be easily cut with a scalpel, as well as the astragalus and other bones of the tarsus, but their articulations with each other, with the exception of the ankle-joint, were not obviously affected, their cartilages and ligaments being entire, and apparently in no way affected by the disease.

#### REMARKS.

The foregoing case is not entirely wanting in pathological interest. It is, I believe, not unusual in purpura for hæmorrhage from the gums and mucous membranes to coexist with petechial spots on the various cuticular surfaces of the body; but in this instance there had been no epistaxis, nor had any hæmorrhagic tendency manifested itself in any other than the integumentary structure. The entire absence of the simultaneous appearance of the petechial disease in the serous parenchymatous tissue is also, I believe, uncommon. Perhaps, however, the exceeding smallness of the heart is deserving the greatest consideration. I have observed that in several cases of cachectic disease which I have had an opportunity of inspecting after death, the heart has been found to be preternaturally small; and I have lately been disposed to attribute many of the symptoms observed during life to this imperfect development of the organ.

The feebleness of the circulation, the pale and cachectic appearance, the excitability or depression of the general nervous energy, the disposition to diseases of the joints and the denser structures of the body, from the want of sufficient power in the heart, from its small size, to propel its blood into the intimate capillary system of these tissues, by which their healthy innervation is disturbed, and they are rendered more liable to morbid change—lead me to think that many of the signs and appearances of scrofulous and other diseases of diminished vitality, are frequently dependent upon this abnormal condition. From what this arrest of development primarily results, it is difficult exactly to say, since the other organs of the body are often in such cases fully formed, and capable, considering the error in the circulating centre, of performing their functions comparatively well. It has struck me that it may take place in this way. A child may be born of unhealthy or half-starved parents—born, as it were, with its blood vitiated on its very entrance into life; subsequent imperfect nourishment from the mother in infancy, and afterwards in early youth, may keep up this impoverished condition of the blood for many years. I assume that in such a case

the circulating fluid, thus altered in its chemical and vital properties, is incapable of healthily stimulating the nervous and muscular systems, and that thus the heart, not being roused to proper continuous action by the stimulus of the blood, like other muscles not duly exercised, ceases to enlarge, and thus its development becomes prematurely and permanently arrested. I may mention, that I have never before this had an opportunity of so fully investigating the pathology of purpura, so that I cannot say of my own experience whether the heart is usually found to be small in these cases; but I have read of instances where it has been so, and particularly of one related by Dr. Johnston, in the "Cyclopædia of Practical Medicine," where, after death, the organ was found of an extremely small size; which leads me to think that such imperfect development of this organ is not rare in this disease.

In the dissection of the joint there is nothing particularly worthy of observation. The vascular and softened state of the bones, in the neighbourhood of joints affected with scrofulous disease, has been so often and so minutely described, that the appearances in this case will be at once recognised as belonging to that particular class described by Sir B. Brodie and other authors, with this exception, that instead of the cancellous structure of the bones being filled, as is usual, with cheesy matter, it was filled with semifluid blood, the result, probably, of exhalation from vessels under the same state of disease as had affected the cuticular textures of the body.

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## CASE OF VENOUS HÆMORRHAGE FROM AN ABSCESS.

By ROBERT STORRS, Esq., Doncaster.

As the following case bears some analogy to the one of Mr. Liston, lately discussed at the Medico-Chirurgical Society, it may not prove unexceptionable to the readers of the "Provincial Journal."

William Heaton, a strong muscular man, aged 36, by trade a master shoemaker, was seized, Dec. 14, 1839, with severe febrile symptoms, accompanied by an extensive diffused swelling over the front of the throat, affecting its cellular texture from the chin to the chest, of a phlegmonous erysipelatous character. In spite of leeches, fomentations, poultices, &c., and other local and general treatment, suppuration commenced, and on the 21st, evident fluctuation could be felt on the left side of the larynx. As the constitutional symptoms were very severe, I opened the abscess immediately, and above a pint of excessively offensive and sanious pus was discharged, accompanied with some large shreds of what appeared then to be dead cellular structure. From this opening, which was a very free one, an immense discharge took place, at a moderate computation, about a pint or more daily; and the sac of the abscess was found to extend itself from the left of the larynx and trachea, to the nape of the neck on that side, and from the angle of the jaw to the clavicle. The discharge of pus continued without abatement, and of a most offensive smell; severe symptoms of constitutional irritation and of exhaustion came on, and he required the constant administration of wine and of opiates.

On the 30th some hæmorrhage occurred from the opening, evidently of venous blood, which was con-

trolled by pressure over the internal jugular, a little below the angle of the jaw; this pressure was kept up by mechanical means, and though the discharge of pus continued, no blood escaped until the night of the 1st of January, when it occurred, and was again stopped. During the following night, however, it again burst forth, and on my arrival I found him moribund. No examination was permitted after death, but there could be no doubt but the abscess had implicated the internal jugular vein, the coats of which had been destroyed, and had been probably partly cast off at the time of the abscess being opened, and that a large discharge of blood had been then prevented by the deposition of coagulable lymph at the venous orifice.

March 21, 1842.

## PROVINCIAL

# MEDICAL & SURGICAL JOURNAL

SATURDAY, APRIL 2, 1842.

We beg to call attention to the memorial, on the principles of medical reform, presented to the Home Secretary by the Council of the Provincial Association. From the letter by which it is accompanied, it will be seen that it has been also circulated amongst the branch associations, in the hope of leading to a simultaneous effort throughout the whole sphere over which the operations of the society are extended. The memorial, at the same time that it embodies the principles to which the association, by the resolutions of its general meetings, stands pledged—principles also which must be recognised and acted on to render any measure generally acceptable—is yet conceived and drawn up in terms of moderation, and asks for nothing which may not and ought not to be conceded. The main points urged are those repeatedly brought forward in the reports of the committee of the association appointed to watch over the interests of the profession, the petitions to Parliament founded on these reports, and the memorial on the same subject adopted last year at the York meeting. The most prominent evils of which the profession have to complain are the irregular and imperfect character of the qualifications required by the several educational bodies for their licenses and diplomas, the abuses introduced into the existing medical corporations, and their insufficiency for all useful purposes, and the injury inflicted on the profession and the community by the want of adequate protection from the arts of designing, ignorant, and unauthorised pretenders.

The memorial, while it disclaims the wish to injure existing institutions, or to introduce uncalled for novelties, the practical working of which cannot be predicted, and might possibly be injurious, further calls for an extensive and efficient reform in the present medical corporations, should it be deemed advisable to continue their privileges or extend their powers, and shows that the members at large are entitled, in right of their station and acquirements, to

elect the council or governing bodies of the corporations to which they severally belong.

These are principles which have been so often advocated in our own pages, that it may be thought unnecessary for us again to enter upon their discussion. The present period is, however, likely to prove of such moment in the settlement of the question, if, indeed, it is to be settled at all, and is so pregnant with good or evil to the future prospects of the medical profession, that we deem it of the first importance not to lose sight of them for an instant.

*Dum loquimur, fugerit invidia*

*Ætas. Carpe diem, quam minimum credula postero.*

Sufficient and equal primary qualification, with the recognised right to practise all branches of the profession throughout the whole extent of the British dominions, implies that the general practitioner, wherever educated, whether in the metropolitan or provincial schools, shall be certified to have attained to a certain specified amount of theoretical and practical knowledge of his profession in every department, the minimum of acquirement to be fixed as high as is consistent with the sufficient supply of this class of practitioners for the public service, and under any circumstances to be such as shall enable the individual to practice with safety and advantage to the public and well-grounded confidence in himself. The introduction of this improvement in the qualification for practice will render necessary such alterations in the existing schools and collegiate establishments, and in the examining and licensing boards, as shall enable the former to provide for a uniform and comprehensive course of professional study, and require the latter to test the progress made in it.

An efficient and equitable system of government for the profession implies the extension of the powers of the governing bodies over the whole of those obtaining a general license to practise, or devoting themselves to any one branch, with the right of attaining to distinctions of whatever kind, and of electing to the councils or governing bodies. The recognition of such a principle, and of the individual rights with which it must be inseparably connected, will render necessary either the efficient reform of the existing medical corporations, the rendering them fitted for the exercise of an increase of influence and power, the divesting them of all exclusiveness or partiality in their mode of admission, the abolition of all distinctions between fellow and licentiate, or at least, the giving the higher distinction equally, and by seniority alone, or by the elective voice of the whole body, and the appointment of the councils or governing bodies by the election of the members at large; or, failing this, the establishment of a new faculty or faculties, on equitable principles, leaving those at present existing, prostituted, as they have so long been, to the promotion of exclusiveness and private ends, to sink into merited insignificance.

Adequate protection of the members of the profession in their individual rights to exercise their calling, and of the community from the mischievous and homicidal practices perpetrated by the ignorant and



unqualified, requires the recognition of the qualified medical practitioner alone in all government, legal, or public transactions, the withholding of all countenance from quacks of every description, some summary process of conviction of persons infringing the necessary restrictive regulations, and severe punishment wherever it can be proved that loss of life or personal injury has been experienced as a consequence of the illegal and unqualified administration of medicine or drugs.

We know not how far the existence of prejudice among the ignorant and the ill-informed, the want of enlightened views in the general community, and the state of public opinion, which must, after all, be consulted in the enactment of restrictive laws, will admit of the degree of protection here sought being effectively granted. To make laws which, from their direct opposition to the principles, feelings, or prejudices of the community, will either be openly disregarded and evaded, or gradually lapse into disuetude, is both useless in itself and injurious to the moral tone of society. In the present overburdened state of our legal code, to which new enactments are being constantly added, it is absolutely impossible, even for those whose province it is to interpret and give effect to them, leaving the general public out of the question, either to acquire or retain in the memory what is or is not the law of the land. Practically, wherever individual rights or prejudices are not concerned, the obedience which is paid to the law is rather to the general spirit of equity which pervades or is presumed to pervade it than to any special act of Parliament. If, therefore, any restrictive enactments are made as soon as the immediate pressure is taken from off them, unless in accordance with this sense of equity, which, after all, is nothing more than the innate feeling, enlightened or otherwise, as the case may be of each man's conscience, if not actively opposed or wilfully evaded, they gradually fade from the memory, and, as we have remarked, eventually fall into disuetude and become obsolete.

We fear that, however just may be the requirements of the profession for protection against the arts of the empiric and the unqualified, and however desirable it may be to protect the community from the mischiefs arising from their mal-practices, there are yet too much ignorance, and too great an amount of prejudice in the public mind to give effect to an absolutely restrictive law. There can, however, be no question but that an enlightened government will attempt as far as practicable to afford the required protection; and as homicide and personal injury, through wilful neglect or carelessness, &c., are taken cognizance of, so also will the unqualified practitioner be especially visited for any injuries which he can have been proved to have inflicted on those who have recourse to him. No law, we believe, can prevent one person from asking advice from another; and the spirit of quackery is so interwoven with ignorance, that the more egregious the deceit, the more greedily is it swallowed. But though the taker of advice cannot be touched, and, moreover is, perhaps in most cases, sufficiently punished in the following up of that which

he has obtained, the giver of it may be caught, and visited with the infliction of such penalties as the peculiar circumstances or aggravations of the case may render necessary, and, under any circumstances, it will be right to attempt something of this description, in order to afford as much protection as the nature of the case admits of.

But whatever difficulties may surround this part of the question, there is none of the same character concerned in the settlement of the constitution of the profession, and the qualification of its members. Here the call for legislation is clear, and there can be no reason why it should not be as effective and as extensive as equity and genuine liberality of feeling require. A partial or inefficient measure would be as impolitic and inexpedient as it would be unjust; and it is right that the expression of this sentiment on the part of the profession should be so firm and decided as to command attention and respect. What may be the precise nature of the bill proposed to be introduced by Sir James Graham, we pretend not to know. That it will be similar to what has been announced in the "Medical Gazette" we cannot suppose. The organ of the corporations, moreover, is not to be trusted on this subject, and we are rather inclined to think that the hints thrown out as to the provisions of the proposed enactment, refer rather to the wishes of the few active spirits who usurp the lead in the two colleges than to the intentions of the Home Secretary. Had the expression of these wishes been permitted to pass without opposition or remonstrance, there can be but little doubt that the government would have been memorialised by the select council of ten, or three, or whatever number the oligarchy may consist of, to the effect that the profession were and would rest content with the mockery of reform therein proposed.

The council of the Provincial Association has done wisely in sending in their memorial, and it will be well if the branches and other bodies will, in accordance with the advice contained in the letter of the secretary, speedily follow up the example. The government and the legislature should be informed that the great body of the profession have no confidence in the collective wisdom which presides over the councils of the medical corporations—that they are directly opposed to the exclusive and partial spirit by which all their transactions have hitherto been characterised—that they utterly disapprove of their practices and eschew their principles in all that has relation to the government of the profession; and if these bodies are to exercise influence, or to have additional powers entrusted to them, they must be thrown open and reformed to an extent which shall render them fitted to include on equal grounds all those who are legally qualified, and to represent the views and give effect to the expression of the opinions of the profession at large.

## MEDICAL SOCIETY OF LONDON.

Monday, March 21, 1842.

Mr. PILCHER, President.

## GONORRHOÆAL RHEUMATISM.

Mr. HEADLAND made some remarks on the disease, as he considered, very inappropriately called "gonorrhœal rheumatism." It was an affection which, in many instances, baffled all our treatment, and one which had this peculiarity—namely, not being confined to those persons subject to rheumatism in its ordinary form. One of its most marked premonitory symptoms was a bloodshot appearance of the conjunctiva, followed by pains in the shoulder, elbow, or other joints, soon after the patient retired to rest. He (Mr. H.) had tried various remedies, and the one from which he thought he derived most benefit was that of the iodide of potassium, given in small doses; even this he looked upon with suspicion in a few cases. It is an affection which requires some months to get completely rid of, by whatever remedies you employ.

Dr. RISDON BENNETT asked if colchicum had been tried in these cases, and he was answered in the negative.

The treatment of gonorrhœa next occupied the society, and it was very generally admitted that the treatment of this affection was very unsatisfactory and empirical, some using purgatives, some injections only, while others relied entirely on nature, and left the disease to wear itself out, which was often followed by stricture.

Mr. CLARKE said that Mr. Acton affirms he can cure the complaint in eight days by a nitrate of silver injection. It was necessary to use a glass syringe.

The SECRETARY said he used a course of purgatives, followed by copaiba.

Mr. HEADLAND spoke of the disadvantages of the ordinary mode of using copaiba, as it mostly disagrees with the patient's stomach.

Mr. PROCTOR said he was a pupil of the old Abernethy school, and placed very great confidence on purgatives and the antiphlogistic plan of treatment. He often observed a very high state of fever—nay, delirium accompanying first cases of the disease; and the mother and family were generally greatly alarmed about the *young gentlemen* having a violent attack of fever. Some were of opinion that subsequent cases of gonorrhœa were as violent as the primary attacks of the disease; but the feeling was generally opposed to this view, and also to the general purgation plan.

Mr. HEADLAND alluded to the metallic taste that was very rapidly produced in some cases where the iodide of potassium was administered.

Mr. ELLIOTT went into a very minute chemical analysis of the action of this medicine on the stomach, and alluded to the fact of its being likely to form an iodide of amadine, in cases where starch, or such other farinaceous ingredients, may be used in the aliment, and hence often neutralise the views of the scientific and learned gentlemen who may have recourse to it under these circumstances.

Dr. J. B. THOMPSON said, with regard to the use of the iodide of potassium, that he had seen its effects produced on the mouth of the patient. An old gentleman with whom he had been travelling some years ago, when it was only given in the small dose of two grains, said he found this peculiar taste referred to in his mouth in about four hours after it had been given. It could hardly be supposed, then, that this rapid action could have been so soon produced through the patient's system. It would appear as if this medicine were capable of causing a local and immediate action on the salivary glands and acutely sensitive mucous tissue of the mouth and fauces. As to the use of injections, Dr. Thompson could not say anything, as

far as regarded the nitrate of silver injection, never having tried it, or seen it tried; but as far as a few cases could go, he could speak with some degree of confidence as to the use of creosote in rose water in the early stages of the complaint, before the inflammation had extended far into the canal of the urethra. His attention was first drawn to it by noticing its very beneficial results in other cases of morbid discharges from mucous canals and passages, such as the nose, ear, &c. &c. As to what had been stated regarding the use of copaiba preparations generally, Dr. Thompson fully agreed as to how frequently they disagree; but he thought this may be very well avoided by having recourse to the extract of copaiba, which was attended with all the good effects and none of the unpleasant consequences spoken of. It could be given in pill, and would not affect the fauces or stomach, nor be followed by the cutaneous rash which sometimes results from the other forms in use.

Mr. DENDY and others took a part in the debate, when the society adjourned till Monday, the 28th.

## ACADEMY OF SCIENCES, PARIS.

March 14.

## COMPOSITION OF THE AIR.

M. Dumas communicated the results of experiments made in different parts of Europe, according to a request which he had published in the month of June last.

M. Marignac had analysed atmospheric air with the same instruments, and in the same way as had been indicated by M. Dumas. In 10,000 parts of air he had found, on an average, 2,229 parts of oxygen, a proportion exactly similar to that found at Paris.

M. Levy analysed the air at Copenhagen, and found in various experiments on 10,000 parts of air the following quantities of oxygen: 2,300, 2,302, 2,296, 2,299, 2,301. Air collected at sea gave the following proportions of oxygen: 2,257, 2,258, 2,259, 2,256. Finally, the air collected on the coast, as it came in with the sea breeze, gave 2,302, 2,301, 2,302.

March 21.

## SOLUTION OF URINARY CALCULI.

M. Pelouse read a report, in the name of M. Gay-Lussac and himself, on various communications forwarded by M. Leroy d'Etiolles on the subject of the solubility of urinary calculi.

The author first drew attention to the failures of empirical remedies, which have been abandoned one after the other; he then mentioned the proposal of Fourcroy and Vanquelin to suit the nature of the solvents employed to that of the calculous concretions; to attack uric acid calculi with alkalies, the phosphate and oxalate calculi with nitric and muriatic acid, and to inject these substances directly into the bladder. Latterly it has been asserted, that the mucus which seems to bind or cement the calculous matter together is softened by the action of the alkaline carbonates, and thus a rapid solution or disintegration of uric acid calculi may be obtained.

The experiments of the reporters were of two kinds; some made in the laboratory, others on the living subject. The chemical experiments proved that alkaline carbonates act rather on the mucus and animal matter, by which the particles of calculi are bound together, than on the calculi themselves. The degree of hardness and cohesion of the stone presents a much greater obstacle to its solution than its chemical composition. The alkaline carbonates act extremely slowly on uric acid calculi, even when highly concentrated and at a temperature of 104 deg. F. When



the calculus does not contain any carbonate, the solution proceeds infinitely more rapidly, though the agent employed is comparatively feeble. Experiments made at one of the mineral springs of Vichy furnished the same results, and, with a few exceptions, the solution was equally rapid in calculi of different kinds. A box divided into several compartments and pierced with holes, was allowed to remain during two months in one of the springs at Vichy. Numerous fragments of calculi were placed in this box. All the fragments were diminished, and some of them remarkably so, but none were completely dissolved; indeed, although none of the original fragments weighed more than 180 grains, when taken from the box they were all much larger in diameter than the urethra. But, although the solution goes on very slowly in the waters of Vichy, it is more marked than the effects obtained by the alkaline carbonates or bicarbonates, and this seems to depend on the great quantity of carbonic acid contained in the Vichy waters, which acts mechanically on the calculi, and hastens their division.

Numerous urinary calculi, and of various composition, were submitted during twelve months to a fluid containing from ten to twenty scruples of carbonate or bicarbonate of potass and soda to the quart of water, at the ordinary temperature of the atmosphere. None of the calculi were dissolved, and some of them appeared unchanged in size; the loss in weight varied from one-fourth to one-half of their original weight. Several fragments of calculi, weighing from five to ten scruples, and placed in a glass funnel, were submitted during three months to a constant current of water, containing one-twentieth of its weight of carbonate of soda. The size of the fragments were not diminished in an evident manner, but they were all more friable; the loss of weight varied from 0.10 to 0.60. Very small fragments of four to eighteen grains generally resist a saturated solution of carbonate of soda at a temperature of 86 deg. to 104 deg. F. during a month; and the majority of calculi are so tenacious, that fragments not larger than a nut are not dissolved or disintegrated until they have been boiled for several days in water containing six scruples per quart of bicarbonate of soda.

Instead of the carbonates, the borates of potass and soda and nitric or muriatic acids were employed, but with the same results; the borates, however, seemed to be somewhat more efficacious.

The experiments now mentioned show how long and difficult a process it is to effect the solution of urinary calculi, even out of the bladder and under the most favourable circumstances.

The second series of experiments was made on patients, the majority of whom, previously to having undergone lithotomy, had tried for several months or even years, alkaline mineral waters or the bicarbonates. It is a matter of certainty that, in a great majority of cases, the use of alkaline remedies fails to effect the solution of urinary calculi; and those authors were probably deceived who announced the solution of large calculi in a few weeks or months under the influence of an alkaline treatment.

M. Leroy not only regards the use of alkaline drinks and baths as generally inefficient for the cure of urinary calculi, but he thinks it a dangerous practice to force the kidneys to secrete alkaline urine during a considerable length of time. Many other practitioners, and amongst them M. Prunelle, inspector of the Vichy springs, are of the same opinion. He repeats the objection of Marcet and Prout, that the earthy phosphates held in solution by the free acids of the urine may be precipitated when the acids are neutralised, and thus give rise to calculi containing the phosphate and carbonate of lime or magnesia.

Cases of this kind occur in persons labouring under catarrh of the bladder, where the urine is altered in quality and retained in that organ; they do not occur under other circumstances, and the phosphatic dia-

thesis seems to be an effect of the inflammatory affection of the bladder. The spontaneous changes which take place in the composition of urinary concretions may depend on the same cause; thus, when the urine becomes ammoniacal from inflammation of the bladder, the uric acid concretions are covered with a layer of a phosphate; and hence the great proportion of alternate calculi, which, according to Dr. Prout, form one-fourth of the whole number. M. Prunelle has seen patients who passed considerable quantities of uric acid gravel almost immediately after taking the alkaline waters; in some cases the quantity was such, that, if we suppose the gravel to have been formed in the kidneys, the latter must have been larger than the stomach. Perhaps the use of alkaline remedies occasions, in some patients, an abnormal secretion of uric acid, for we know that the presence of an alkali often gives rise to the formation of an acid.

As the chemical experiments had demonstrated the great difficulty of dissolving urinary calculi, it was thought prudent to confine the experiments made on the living subject to the fragments of stone which remained in the bladder after lithotomy. The alkaline carbonates and bicarbonates, the caustic alkalies, borax, nitric and muriatic acids, dissolved in water, were injected into the bladder by means of a double syringe, and at a temperature of 95 to 104 deg. F.; from 25 to 250 quarts of fluid were passed through the bladder of the same patient in this way. Some of the patients experienced no inconvenience from the injections, but the majority suffered so much that it was found necessary to discontinue them. In one solitary case the calculous fragments were dissolved in a fluid containing from 0.04 to 0.05 of its weight of nitric acid; they were composed of phosphate of lime and the ammoniaco-magnesian phosphate mixed with a small quantity of uric acid. In several cases the cohesion of the calculi was considerably diminished. 250 quarts of fluid, containing fifteen scruples of the bicarbonate of soda to each quart, were passed through the bladder in one case; the organ was healthy, and the nature and volume of the calculous fragments had been previously ascertained; they underwent no diminution, but became so friable as to be crushed under the slightest pressure of the instrument. In most of the other experiments it was either necessary to suspend the injections, or they produced no effect whatever on the volume or cohesion of the calculous fragments.

Hence, M. Pelouse concludes that the attempt to dissolve urinary calculi by injection into the bladder, does not lead to any satisfactory result. Borax, and the other substances already mentioned, were equally inefficient.

It has been recently announced in England that Benzoic acid, mixed with a small quantity of borax or alkaline carbonate, is converted into hipuric acid, which is found in the urine. The experiments made by the authors upon this point were not satisfactory; they were never able to detect the slightest trace of hipuric acid in the urine. In many cases, however, they observed that the urine gave out an agreeable odour of alcohol, quite different from its characteristic smell, and remained for several days without undergoing any apparent change whatever.

## ACADEMY OF MEDICINE.

March 15.

### VESICO-VAGINAL FISTULA.

M. Leroy-d'Etiolles read a memoir on vesico-vaginal fistula. The cause of the failures attending operations for the cure of this affection are, the size of the opening, the diminished capacity of the bladder, the thinness of the vesico-vaginal septum, and the injurious action of the urine.



When the fistula is small, it often heals up spontaneously; if a little larger, much benefit will be derived from the employment of the actual cautery, but the present mode of applying this remedy is faulty. The tumefaction of the edges of the fistula, caused by the cautery, closes the opening for a few days; but the cauterised parts soon come away, the tumefaction ceases, and the opening is re-established. M. Leroy proposes to apply the cautery at two different periods; by the first application he would merely bring the edges of the fistula in contact; by the second he excites an adhesive inflammation in the parts.

When the fistulous opening is large, the cautery fails, and we must have recourse to other means. As the chief obstacles are the thinness of the vesico-vaginal wall and the contact of urine, M. Leroy proposes to raise up the wall of the vagina, and apply it over the opening; this, however, can only be done when the fistula occupies the middle of the vesico-vaginal septum.

For very large perforations the only remedy seems to be an autoplasmic operation. The method of M. Jobert almost always fails, from mortification of the long flaps taken from the labia or thigh. The arched flap of M. Velpeau is obtained with great difficulty. The author proposes to take the flap from the posterior wall of the vagina; he commences his incision below the *fourchette*, divides the cellular tissue which unites the vagina to the rectum, and stops at the point where the union between the two walls becomes intimate; a short, wide, and thick flap is thus obtained and applied over the fistulous opening. Finally, there are cases which do not admit of being relieved by any operation whatever. In these unfortunate circumstances the author proposes to plug the vagina with a layer of Indian rubber, which is free from the inconveniences attending all attempts at permanent plugging hitherto made.

## HOTEL-DIEU.

### CURE OF CHLOROSIS BY IRON.

There are at present several patients, labouring under chlorosis in the clinical wards, to whom M. Chomel directed the attention of the pupils.

On the 22nd of January last, a young woman, 21 years of age, was admitted into the hospital, affected with chlorosis in a severe degree. Her countenance and lips were extremely pale; the conjunctiva quite transparent. There was a strong *bruit de souffle* in both carotid arteries, and the palpitation of the heart was so violent that the patient was unable to make the slightest exertion without bringing on a feeling of suffocation.

The preparations of iron were now administered, and the symptoms gradually diminished; in a few days the patient recovered some strength, the carotid souffle had diminished, the appetite was restored, and the digestive powers improved. The diet was now increased; she had roast meat and some Bordeaux wine. Within a month after the commencement of this treatment the lips and cheeks had recovered their natural colour; the palpitation and *bruit de souffle* in the carotids had disappeared, and the woman was nearly restored to complete health.

In the treatment of chlorosis, M. Chomel employs the powdered filings of steel, in preference to the carbonate, lactate, and other preparations recently introduced. M. Chomel is far from denying the efficacy of these latter, but, from his own experience, he regards the steel filings as preferable, because they are less disagreeable to the taste, and more certain in their action. In the same ward with the female whose case has been just mentioned is another young girl, also labouring under chlorosis in a very severe degree. The face is extremely pale; lips and gums devoid of

colour; loud *bruit de souffle* in the carotids; palpitation and souffle accompanying the first sound of the heart; great weakness; imperfect digestion, &c. Shortly before her admission into hospital the catamenia were suppressed, and an attempt to restore the discharge had been made by applying leeches to the thighs, but the general symptoms were considerably aggravated by this treatment. The patient appears to be of feeble constitution; her menses appeared at the age of fourteen, but since then have been irregular; about a year ago the first symptoms of chlorosis manifested themselves, and she took bitters, with some relief. Having omitted her medicines, the symptoms of chlorosis returned in an aggravated form; the least noise or impression causes ringing in the ears, disturbance of vision, and a tendency to faint; there is also some oedema of the lower extremities.

The steel filings were now administered, and within five days a manifest improvement took place; the souffle has disappeared in the right carotid artery, but there is some in the left still; the palpitations and oedema have considerably diminished. The patient is much better, but the remedies must be continued for some time longer, and she must have a strengthening diet. The effects of this treatment are often very rapid and astonishing. M. Chomel has often seen young women, of the higher classes of society, in whom the disease was completely removed in fifteen or twenty days; in all cases, however, the remedy must be assisted by accessory means, such as proper diet and exercise.—*Gaz. des Hop.*, No. 25.

## PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

### MEMORIAL TO SIR JAMES GRAHAM.

The following letter has been sent to the president, the president elect, and the secretaries of the branches of the Association. We beg to draw the attention of our readers to the memorial which accompanies it:—

“Dear Sir,—At a meeting of the Worcester Council of the Provincial Medical and Surgical Association, the accompanying memorial was unanimously agreed to be sent to the Right Hon. Sir James Graham, and it was also resolved—

That copies of the memorial be sent to the president, the president elect, and the secretaries of the branch associations, requesting their co-operation in support of the principles contained in it.

I shall be happy to hear that you approve of the course pursued, and the council will also be glad if you will endeavour to procure the support of the members of Parliament in your district of the principles contained in the memorial.

Believe me, dear Sir,

Yours truly,

C. HASTINGS.”

Worcester, March 18, 1842.

### MEMORIAL.

“Sir,—We the undersigned members of the council of the Provincial Medical and Surgical Association, respectfully beg leave to offer you our thanks for the declaration made by yourself in the Commons House of Parliament, that her Majesty's government are about to bring a bill into Parliament for the better regulation of the medical profession.

That this duty might be undertaken by her Majesty's government, was the hope expressed by the very numerous body whom we have now the honour to represent, at their late anniversary meeting holden at York, in the month of July last, and it will perhaps be in your recollection that a memorial to that effect, having



been adopted at the meeting, was subsequently laid before you.

To the principles expressed in that memorial we take the liberty of again drawing the attention of yourself and your right honourable colleagues, embodying as they do the sentiments and wishes of a very large and influential portion of that profession, for the welfare and protection of which you have been pleased to signify your intention to provide.

The evils complained of by the members of the medical profession, in the redress of which it should be observed the general community as well as the medical profession are deeply interested, are the imperfections and unequal character of the existing methods of qualification for medical licences and degrees, and the inefficiency and exclusiveness of the existing medical corporations, together with their want of power to afford protection to the public and to the medical profession against the arts of unqualified and ignorant pretenders.

In applying to her Majesty's government for redress of these evils, we are desirous neither of injuring existing institutions nor of abrogating those distinctions in the profession which we believe to be useful to the public service. But we feel that we should be guilty of a dereliction of duty if we did not express respectfully but firmly, that unless the present medical corporations shall undergo extensive changes in their constitution, they can never become fitted for the government of the profession at large, seeing that they have not hitherto secured the confidence of its members.

We beg leave to express our opinion that the members of the medical profession, not only in consideration of the character of their education, but in accordance with the general institutions of the country, are entitled to elect the medical members of the councils, or of the corporations to which they severally belong; and that any measure which shall fail in securing to them such a privilege will be felt as the denial of a right to which they think they have a just claim.

The principles to which we are desirous of calling your attention, as being those recognised by the Provincial Association, and upon which, as we conceive, any measure intended for the regulation of the medical profession should be founded, are uniformity of the primary qualification, to be tested by sufficient examination; equal right, in every member of the profession, to practise throughout her Majesty's dominions; and the adoption of the representative system in the formation of the councils or governing bodies.

In submitting these views we are assured that we express the wishes not only of the numerous association with which we are ourselves connected, but also those of a very large number of our professional brethren throughout the country.

We are, Sir,

With great respect,

Your very obedient servants,

\* \* \* \* \*

#### SUBSCRIPTIONS.

"In presenting the tenth volume of the 'Transactions of the Provincial Medical and Surgical Associations' to the members, we take the opportunity to call particular attention to the great expense that the society has incurred, in illustrating by drawings the important articles inserted in that and preceding volumes; and also to the great additional and increasing expense now entailed upon the funds of the association, in supplying each member with the 'Provincial Medical Journal.' By an arrangement made at the late anniversary meeting, at York, every member will in future receive for his subscription of one guinea annually a copy every week of the 'Provincial Medical Journal,' and the 'Transactions' as they are published; and thus the members are receiving both these works for little more than half the sum which is

paid for a weekly periodical. It is therefore become very important that members should be punctual in the payment of their subscriptions, and also endeavour to increase the funds of the association by enlisting new members.

CHARLES HASTINGS, M.D., } Secretaries to the  
J. P. SHEPPARD, Surgeon, } Association."

### GENERAL MEDICAL REGULATIONS OF THE POOR LAW COMMISSIONERS.

In our last number we published the recent regulations issued by the poor-law commissioners. The following letter from Mr. Chadwick is explanatory of the several articles contained in that document:—

Poor-law Commission Office, Somerset-house,  
March 12, 1842.

One of the most important subjects considered by the select committee of the House of Commons, which in 1838 inquired into the operation of the Poor-law Amendment Act, was the medical relief of the poor.

After examining numerous witnesses on this subject, the committee decided to recommend no legislation by Parliament on medical relief, but having expressed their opinion that the existing arrangements might in several points be ameliorated, and having indicated several improvements, they left the introduction of these and other alterations to the discretion of the poor-law commissioners.—(Report, p. 25.)

The commissioners having given the entire subject a mature consideration, fully stated their views upon it in their Report on the Further Amendment of the Poor-laws (31st of December, 1839), p. 73—81. They subsequently by a circular letter, dated the 6th of March, 1841 (see Seventh Annual Report, p. 8), called the attention of the boards of guardians to their suggestions in this Report; and requested to be informed of the opinion of the boards as to the expediency of adopting those suggestions.

The answers which were returned by the boards of guardians to this circular (which are partially abstracted in the Seventh Annual Report of the Commissioners, page 9—14), shewed, however, that no extensive change in the existing arrangements was likely to originate with the boards of guardians. Accordingly, as much dissatisfaction continued to prevail amongst many members of the medical profession, and as little progress had been made towards carrying into effect some of the recommendations of the committee, the commissioners have thought themselves called upon to select the most important points of the subject, and to issue generally to the unions such regulations upon these points as appear to be needful and prudent.

The following are the heads of the accompanying order:—1, Tenders for medical attendance; 2, qualifications of medical officers; 3, maximum amount of area and population of medical districts; 4, rates of payment of medical officers in certain surgical and midwifery cases; 5, substitutes for medical officers during their incapacity to act; 6, arrangement for affording medical relief to permanent paupers without a special order in each case; 7, continuance in office of medical officers.

The commissioners subjoin some explanatory remarks upon the main provisions of the order.

Arts. 1 and 2 are intended to abolish the system of requiring tenders for the services of medical officers; according to the views of the commissioners, explained in their Report on the Further Amendment of the Law, p. 76—8. These articles, however, do not prohibit advertisements for the services of medical officers, provided such advertisements specify the



remuneration fixed or approved by the commissioners. It is the wish of the commissioners that the competition of the candidates should turn upon their respective characters and skill, and not on the sum at which they may be severally willing to undertake the office.

Arts. 3—5 relate to the qualifications of medical officers.

The commissioners think it desirable that every medical officer should possess both a medical and a surgical qualification, and therefore they have required the three sorts of double qualification which are specified in Art. 3, Nos. 1, 2, and 3.

With respect to the second qualification in No. 3, see 55 Geo. 3, cap. 194 (the Apothecaries' Act), the commissioners thought themselves bound to consider the qualification stated in Art. 3, No. 4, as virtually a double qualification, according to the decision of the Court of Exchequer, in *Stevenson v. Oliver*, 8 Meeson and Welsby, 234. The qualification is limited to warrants or commissions, dated previously to August 1, 1826; inasmuch as the act of 6 G. 4, c. 133 (which brought persons possessing this qualification within the benefit of the Apothecaries' Act,) expired on that day.

Art. 4 provides a means by which a duly qualified medical man not possessing any of the four qualifications required by Art. 3, may, in case of necessity, be appointed a medical officer; and Art. 5 enables an exception to be made in favour of existing medical officers.

The commissioners have limited the provisions of their order to medical qualifications proceeding from an English source. In case, however, any medical man possesses an English qualification of physician or apothecary, together with a Scotch or Irish surgical qualification, the commissioners will consider such person as virtually possessing a double qualification; and they will admit him as an officer (if otherwise fit for the office) under Art. 4, upon application from the guardians for that purpose.

Arts. 6—9 relate to the maximum area and population of medical districts.

The committee of 1838 expressed an opinion that the medical districts seemed to be in some instances inconveniently large, and that they should be of such a size as to admit of an easy access of the medical man to his patients (Report, p. 25). The commissioners have constantly borne in mind this recommendation of the committee, and have already required the division of many medical districts which seemed to have too large an area. A considerable improvement has thus been already effected in many individual cases; but the commissioners think that the time is now arrived when it is desirable for them to make a general regulation on the subject, and they have accordingly inserted one in these articles, accompanied with such limitations and exceptions as the circumstances of the case appeared to require.

The commissioners are aware that in many districts containing almost exclusively a poor population, even the limit of 15,000 persons may admit of a number of patients too large for the care of one medical officer; especially if the district consist partly of a town and partly of rural parishes. Under such circumstances, it would generally be practicable for the guardians to divide the district between two or more duly qualified medical practitioners. In like manner it may happen that a district consisting of an area less than 15,000 acres may contain a large population, and that the guardians may be able to divide it with advantage. The commissioners therefore do not by the limits fixed in Art. 6 imply that no district is objectionable, or that every district will be sanctioned by them, which is within these limits.

With respect to Art. 9 it may be observed, that the measure of acreage adopted in Art. 6 cannot be applied to Wales, as there are no available means of

obtaining the requisite information in that part of the country; and the commissioners have accordingly prescribed for Wales a limit, not of area, but of distance, which, though less convenient, is the best which the case permits. Moreover, the physical circumstances of Wales, and the small number of resident medical practitioners, render it necessary to permit the formation of medical districts larger than those in most parts of England.

Art. 10—13.—It is the earnest wish of the commissioners to carry into effect the recommendation of the committee, that "the remuneration of medical officers should be such as to ensure proper attention and the best medicines" (Report, p. 25); and the guardians will doubtless perceive that unless the medical officer be adequately remunerated, no vigilance on their part will suffice to secure proper attendance and medicines to the poor under his care.

The commissioners still retain the opinions expressed in their Report on the Further Amendment of the Law, p. 78—80, and since repeated to the boards of guardians in their circular of March, 1841, as to the advantages of a joint system of fixed salary and payment per case for medical officers; and they will remark incidentally that unless a system of payment per case is adopted, the recommendation of the committee that the medical relief should be a parochial and not a union charge (Report, p. 24) cannot be carried into effect.

The wide differences between the circumstances of different unions, especially in respect of the density and character of the population, render it, however, nearly impossible for the commissioners to prescribe the universal introduction of this or any other mode of payment.

It appeared, nevertheless, to the commissioners, that it was possible for them to furnish a universal scale of payment for the surgical and obstetrical services specified in Arts. 10—13; the nature of which is such that they might, under certain circumstances, be properly excluded from the salary of the medical officer, and be paid at higher rates than ordinary medical cases. The guardians will thus be enabled to approximate to the views of the committee, by making these cases a parochial charge.

The operations enumerated in Art. 10 are intended to provide for cases of urgency (principally those arising from accidents), which cannot be sent to a public hospital with safety and propriety. The payments for operations are limited to operations on outdoor poor, and do not include those performed in the workhouse. It appears to the commissioners that the continued attendance at the house of the patient in severe surgical cases, usually forms the most burdensome part of the extra service of the medical man: whereas the constant visits of the medical officer to the workhouse enable him to attend a patient in the workhouse without always making a visit for that express purpose. Moreover, when a patient can be removed to a workhouse, or when he has long been the subject of medical treatment in the workhouse, he may in general be removed with safety or propriety to an infirmary or hospital; and the commissioners think it desirable that, where the distance or other circumstances do not present serious obstacles, paupers should enjoy the practised skill and combined judgment of the medical man usually connected with such establishments. While, therefore, the commissioners would discourage the performance of important surgical operations in workhouses, they are ready to sanction any reasonable subscription to a hospital or similar establishment by a board of guardians for the union.

The payments are intended to cover not only the operation, but also the attendances after the operation, which in severe cases of this sort ought usually to be numerous; and, therefore, they are limited to cases in which the patient survives the operation more than thirty-six hours, and receives several subsequent



attendances. Cases in which the patient does not survive the operation thirty-six hours, or in which he does not receive several subsequent attendances, may be included in the contract of the medical officer with the guardians.

Art. 15. If any medical officer has a partner or assistant who is a duly qualified medical man, he may name such partner or assistant under this article.

The medical officer will be considered by the commissioners as responsible for the skill and diligence of the person named by him as a substitute.

Art. 16—19 are intended to facilitate the obtaining of attendance and medicines by the permanent paupers; a class whose destitution is acknowledged, and which necessarily includes the most helpless portion of the community.

Art. 20 places the medical officer on the same footing with the other officers, as to the period of his office, unless such period be specially limited at the time of his appointment. It does not seem desirable to exclude the guardians from the opportunity of improving the arrangements respecting medical relief as the circumstances of the several districts may permit, and therefore it is not advisable to deprive them of the power of limiting the period of the medical officer's services.

The commissioners intend, in a short time, to issue a general order prescribing the adoption, by the medical officers, of the nomenclature of diseases now in use under the authority of the registrar-general, which will ensure greater uniformity and precision of language in the returns made by the medical officers, and will furnish a convenient interpretation of many of the more obscure scientific names of diseases.

(Signed by order of the board)

EDWIN CHADWICK, Secretary.

## THOUGHTS ON THE POOR-LAW,

WITH REFERENCE TO THE

### MEDICAL CARE OF THE POOR.

By J. D. JEFFERY, Surgeon, Sidmouth.

#### 1. *The Real Wants of the Poor.*

The real wants of the poor, as regards their superiors, may be chiefly comprised under the heads of protection, example, instruction for their children in early years, the power of obtaining employment, and relief under circumstances of destitution or disease.

The poor man requires "protection" at the hands of his superiors in almost every sense in which the word can be understood. As the vine clings with its tendrils to the tree or wall for the support of its weak and slender stem, so does the grape-producing portion of human society rely on the kind assistance and judicious legislative enactments of the better classes for help and encouragement in that striving and precarious course which it is destined to pursue through life.

In the brute creation the powers of oppression and destruction seem to reign in full force; the stronger preys upon the weaker, and each, in turn, succumbs to its natural foe; but here, with equally unerring strength, the laws of instinct come into action; the brute satisfies his hunger, the victim or victims are sacrificed, and with this the persecution ends, until the stimulus of nature's demand again excites it, and thus a limit is set beyond which neither animal wants or passions extend.

But in human society the case is different; the instinctive feelings for self-support and self-protection do indeed exist as constituting one of the first principles of our nature, but as distinguished from the brute our reason comes into play as a power given to us to range beyond the confined and narrow boundary of merely animal sense, and the possession of which makes us im-

mediately responsible beings. Inasmuch, then, as we are permitted to possess and enjoy an extent of intelligence which gives great freedom to our thoughts, desires, and actions, so are we bound by every law of duty and religion to exercise that intelligence as private individuals with reference to the general good of society; and in a public capacity, where it is coupled with power, with humanity, charity, and a due and faithful consideration for the real wants and feelings of our inferiors.

I waive the consideration of other duties, both moral and religious, which it is incumbent on the rich and powerful to perform towards the poor; I confine myself to that portion which is included under the head of relief under circumstances of sickness or disease, and will endeavour to show—

2. That it is a matter of serious importance to the community at large that the poor should not only have the best but the speediest medical assistance, viewed as a matter of pecuniary as well as physical benefit.

The "pecuniary" benefit which those who contribute towards parochial expenditure would derive from a watchful and anxious regard for the health of the poor, appears to me to be scarcely, if at all, taken into that consideration by the framers of the "Poor-law" as it really and truly merits. It seems to have been deemed sufficient that a clause should be inserted for the provision of a medical attendant in a parish or district. So far is the provision good and just; but if, in applying it, the poor-law commissioners have been instructed or allowed to advise and enforce the meanest parsimony in their arrangements for medical care—if they, taking advantage of the peculiar position of the medical practitioner in his neighbourhood, have ground him down to terms in which his stimulus to exertion, if not his responsibility, is buried—if, again, they have, for the sake of saving, pampered the greedy appetites of those who could be so unconscientious as to undertake it, allotted to them an extent of country, and care of numbers, such as it would be utterly impossible for them properly to attend—or if they have entrusted the lives of their fellow-creatures to the unskilled hand and head of the unqualified adventurer—then, indeed, may the provision become an injury rather than a blessing, an expense rather than a good and saving. That such has been the case, and probably may be found to be so now, is but too true; and for the consequences, I appeal to the prolonged sufferings of the sick, to the distresses of the for-ever-pauperised family, to the cry of the orphan, and last, though not least, perhaps, in the estimation of some, to the ultimate increased demands upon the parochial funds.

It is a fact not to be contradicted that sickness is one of the leading causes of poverty; it befores those, therefore, who contribute towards and provide for the relief of the poor, to endeavour to guard them, as much as possible, from all those causes which tend to induce disease, to which they are so peculiarly exposed, and to ensure also for them such efficient and timely medical care in actual sickness, as that they may have every fair chance of a speedy recovery, and of being enabled to return to their employment, and work for the support of themselves and families. Every case of sickness among the poor must be attended with more or less expense to the parish, even when it occurs among the inferior members of a family; but if the father—the working man—is laid up, a number besides himself are thrown upon the funds of charity. Hence I lay a stress upon the easiness of accessibility to medical advice, as constituting an ingredient of great import in the regulations for medical relief.

The urgent demands which the family of the labourer make upon him for the proceeds of his labour, tend to cause injurious delay in illness; and where the access to medical assistance is not free, or



where it is encumbered with any formal process, however slight, such as even applying to an overseer or other proper authority for an order, the delay is still greater, and he does not complain or give up until his strength fails him, and disease has made some progress. It would be better for the surgeon and the parish, as well as for himself, that the pauper should resort early to medical advice; timely assistance, we all know, in incipient illness, will often ward off dangerous, and perhaps fatal, disease. The surgeon would, probably, have more frequent applications, but he would not have so many serious demands upon his time and anxiety, and in opposition to the tenacious regulations at first established regarding the case system, I think that which would seem at first sight to be an anomaly, would be proved to be true—viz., that the more cases in which the medical man prescribes for, the greater number of shillings, and even pounds, would be saved to the parish.

The (I believe almost general) abandonment of the case system, and the allotment of salaries to medical officers, will do much towards effecting the above object; and it has often suggested itself to my mind whether or not more freedom could be given to the pauper by his being furnished with a printed card on his receiving relief, which would enable him to obtain medical assistance easily and speedily; the card to be signed weekly by the relieving officer, or subjected to some other restrictive regulation. Another very important consideration, which refers to the distance and number of parishes which a surgeon is deputed to attend, is the great length of time which must necessarily elapse before the patient can receive the medicines prescribed for him. It seems to me that if the plan of establishing district dispensaries could be effected, much of this evil would be obviated; then the medical man, in going his rounds, would be constantly dismissing his prescriptions at every visit he makes, and his medicines would be taken long, probably, before he arrives home, until some time after which, according to the present system, they cannot be dispensed. I question whether, by making some small deduction from the medical officer's salary, this plan would not be found, in the end, equally economical, and certainly more comfortable and beneficial both to the practitioner and patient.

The *physical* benefit which the better classes of society must derive from the sanatory state of the poorer, is a subject which, one would have thought, in this present enlightened eye, would have met with that due and serious consideration to which it is entitled. The rich, it is true, are generally very careful to avoid those houses or districts where contagious disease is known to prevail; and, with the observance of this caution, they are satisfied to rest quiet, and too often revel in fancied security. But, alas! the plant has grown and flourished, and the winds of Heaven waft its fatal seeds to softer beds and no less congenial soil, where again it buds and thrives, and death and sorrow nurse its growth. In a word, it is in the narrow streets of the town and ill-ventilated house of the poor man, that epidemic disease generally first takes its root; and but too often, having fed on the meagre, though favourable diet of the hovel and the alley, does it breathe its deadly breath into the rich man's house and noble's mansion.

Since, then, it is seen that the health of the poor so powerfully affects all other grades of society, is it not a matter of serious importance, that in every provision for their necessities, that which relates to their wants in sickness, and to the guarding them as much as possible from its invasion, should hold a prominent place in the consideration and arrangements of the legislative portion of the public? Besides the purely medical department of sanatory law, how much good might be done nationally, as well as individually, by a careful inspection of the houses of the poor, if only

once in the hottest and coldest seasons of the year, by a removal of filth and infecting matter which will accumulate among them, and by a *timely* administration of necessary comforts, is incalculable!

I am fully aware that no human precaution can ever free us, altogether, from the presence of disease and suffering, for such is the common lot of our nature. But I do contend that, if there be any virtue in medicine, or value in medical science, or if we are allowed by any means to be able to alleviate suffering, or ward off disease, or humanely speaking, to save or prolong life, "I contend," I say, "that it becomes our bounden duty to make use of those means, and apply them according to the best of our ability and judgment."

If there be any truth, then, in what I have above stated, I can only infer, that *morally* speaking, it must be a wicked act in any person, or body of persons, to withhold or improperly provide that medical advice and assistance to the poor which it is in their power and their duty to give, and which the poor ought to receive; that in a pecuniary point of view it is a foolish and expensive act, as I have endeavoured to show, because by so doing, parochial expenditure must be ultimately increased; and lastly, that physically speaking, it is injurious and destructive, and will be sure to recoil with double force on the heads of those who fancy themselves free from its operation.

## REGULATION OF LUNATIC ASYLUMS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—Having always taken a lively interest in anything calculated to improve the condition of those unfortunate individuals who are suffering from mania, and having also paid some little attention to that peculiar branch of our profession, the treatment of insanity, I looked forward with some degree of pleasure for Lord G. Somerset's new plan for regulating lunatic asylums. A few evenings since I read his lordship's speech on introducing his bill to the House of Commons, reported in the "Morning Herald" of the 18th instant, in which I find the following paragraph:—"He was not inclined to introduce complexity or difficulties into the mode of making out and signing certificates by the medical men consulted in the case of persons alleged to be insane. For these reasons he intended that the certificates themselves should in substance remain as they were, because he considered they were sufficiently stringent upon respectable members of the medical profession; but it was his intention to remove and take away from the apothecary and surgeon the power to sign certificates, which should authorise the consignment of parties supposed to be insane to receptacles for lunatics. The right to give such certificates he intended to confer only upon members of the College of Physicians. He thought that the public was not at all aware of the vast number of persons confined on the plea of insanity in private houses without any regular medical attendance, or the care and attention paid to their cases by persons experienced in attending on insane patients, which were often so conducive to recovery."

Now, if this is not an insult to the surgeon and the apothecary, it is an uncalculated insinuation. I am not going to take up the cudgels on behalf of the whole of the general practitioners, but I must beg to assure his lordship that whenever a surgeon or an apothecary is called on to sign a certificate to consign to a lunatic asylum an unfortunate maniac, he believes he is doing that which was best calculated to restore the patient to health and reason; and in doing this he is acting quite as conscientiously as one who may by chance have M.D. attached to his name.



The object of this letter is to urge those surgeons and apothecaries who have representatives in Parliament, to call on them to exert themselves to prevent such a clause being inserted in the bill now before the House of Commons for the purpose of regulating and licensing lunatic asylums.

I am, Gentlemen,

Yours, &c.

GEORGE KING.

Bath, March 25, 1842.

## PHYSIC FOR THE MILLION.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—Having accidentally come in possession of the enclosed card, I have thought it desirable to forward it to you, accompanied with a copy of a hand-bill issued a week or two since, and hoping by this step to elicit your editorial observations on the same. By noticing the occurrence you will oblige the members of the profession, and your obedient servant,

Reading, March 28, 1842.

L. W.

(Copy.)

"BENEFIT CLUB

FOR THE

LABOURING CLASSES.

A club is about to be formed, the conditions of which will be available to the poorest. An early day will be appointed for the first meeting.

Further information may be obtained by applying (any hour before eleven in the morning) to Dr. Carter, 116, Castle-street, Reading.

(Card.)

PHYSIC FOR THE MILLION!

This ticket entitles a subscriber of three shillings per annum to medicine and attendance. Payments (threepence) monthly.—Dr. CARTER, 116, Castle-street, Reading."

The communication of our correspondent, who has authenticated his letter, involves the question of benefit clubs. Much may be said for and against this system; but we do not think that Dr. Carter, if *doctor* he be, has set about the matter in a very legitimate manner.

## PRACTICAL SUMMARY OF FACTS IN MEDICINE AND SURGERY.

TANNIN IN METRORRHAGIA.

M. Dumars has published some observations on the utility of tannin in cases of uterine hæmorrhage. The first case was one of simple metrorrhagia; the second occurred at the sixth month of pregnancy; in another case of the same kind severe bleeding ensued at the sixth month, and the fœtus also was preserved.

M. Dumars employs the tannin in the form of pills, mixture, and injection; but the following is the one which he prefers:—Tannin, thirty-six grains; extract of opium, one grain; conserve of roses, enough to make twenty pills. Of these one is given every hour, until some impression is made on the hæmorrhage.—*Gaz. des Hospitaux*, No. 30.

SYPHILITIC MUSCULAR CONTRACTION.

This is a very rare affection, which has only recently attracted the notice of practitioners. It generally attacks the flexor muscles of the forearm; at least, such was the case in a few examples recently observed at the Veneral Hospital, under the care of M. Ricord. In the three cases alluded to, the patients laboured under some tertiary syphilitic affection; the muscles of the forearm were permanently retracted, hard, and stiff, but did not appear to have undergone

any change of tissue. A symptom worthy of notice is the peculiar pain which exists in the contracted limb; this pain is chiefly felt at night, and resembles exactly the pains in the bones which occur during syphilis. In one patient the retraction coincided with tertiary ulcers of the throat, and in another with nodes on the tibia. The patients were treated with the ioduret of potassium, and soon recovered; the pains disappeared about the sixth day, and soon afterwards the movements of the limbs were perfectly restored.—*Bul. de Therapeutique*.

SYRUP OF THE IODIDE OF IRON.

In the last number of the "Pharmaceutical Journal," Mr. Scholefield describes the following mode of preparing this syrup:—

Into a clean Florence flask put 126 grains of iodine and three ounces of distilled water; add thereto one drachm of iron filings, or pure soft iron wire, and allow the mixture to digest for twelve hours, with occasional agitation; apply to this a gradually increased heat,\* taking the precaution of placing starch-test paper over the mouth of the flask, and whenever free iodine is evinced by its turning blue, decrease the heat until such effect is no longer produced; proceed in this way until a drop poured on a piece of starch paper produces no change of colour; in this state filter the solution, allowing it to run directly into a capsule containing five and a half troy ounces of refined sugar (this will prevent any slight change of colour, which frequently occurs even in filtering the solution into an intermediate vessel) wash the filter with one and a half ounce of boiling distilled water, and evaporate the syrup so that when cold it shall accurately measure six ounces and two drachms.

This preparation will remain unaffected by air or light for any period, nor will it deposit any sugar at the bottom of the bottle; it contains three grains of the anhydrous salt to the drachm, or four of the hydrated iodide of iron of the London Pharmacopœia, a difference which is unfortunately sometimes overlooked, both receiving indiscriminately the same appellation, a circumstance likely to occasion error in subjects of practical importance.

PROCESS FOR SEPARATING GOLD FROM PLATINUM.

By M. KEMP.

M. Kemp has discovered that oxalic acid is capable of reducing gold from its solutions, but exercises no action on platinum. In order to separate these two metals, and determine their proportions, they must first be dissolved in *aqua regia*; the gold is then to be precipitated in the metallic state by oxalic acid, and the platinum by means of formic acid. The difficulty which has hitherto been experienced in separating gold from platinum, makes this process of considerable importance to the chemist.—*Liebig's and Pharmaceutical Journal*.

\* For this purpose I find a water bath the best application, as the heat may be so easily moderated by the addition of cold water.

## BOOKS RECEIVED.

Elements of General Pathology. By the late John Fletcher, M.D. Edited by John J. Drysdale, M.D., and John R. Russell, M.D. Edinburgh. Macmillan and Stewart, 1842. 8vo., pp. 518.

## CORRESPONDENTS.

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Address to R. B., care of Mr. Churchill, Princes-street, Soho.

**THE PHARMACEUTICAL JOURNAL**, Edited by JACOB BELL.—No. 10, for April, price 1s, contains the Transactions of the Pharmaceutical Society, and numerous articles on Chemistry, Pharmacy, and Materia Medica.

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London: John Churchill. Dublin: Fannin and Co.

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